


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90031 041 ***150.00

| | | | | | |
|--|--|---|--|--|--|
| DOCUMENT # P95000088606 1. Entity Name ONCOLOGY HEMATOLOGY GROUP OF SOUTH FLORIDA, P.A. | | | |  | |
| Principal Place of Business 9350 S.W. 72ND STREET SUITE 200 MIAMI, FL 33173 | | | Mailing Address 9350 S.W. 72ND STREET SUITE 200 MIAMI, FL 33173 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State Zip Country | | | City & State Zip Country | | |
| 4. FEI Number 65-0620861 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SPRATT, WILLIAM J 200 SOUTH BISCAYNE BLVD., 20TH FLOOR MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Page 1 of 3 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV KALMAN, LEONARD 8940 N. KENDALL DR. #300-E EAST TOWER MIAMI, FL 33176 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV Abitbol, Andre A 8900 N. Kendall Dr. Miami, FL 33176 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV WANG, GRACE 8940 N KENDALL DR 300-E MIAMI, FL 33176 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV Albrecht, Federico 8940 N. Kendall Dr., Suite 300E Miami, FL 33176 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FEINBERG, ALAN 8940 N. KENDALL DR. #300-E EAST TOWER MIAMI, FL 33176 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV Behrmann, Frances 8940 N. Kendall Dr., Suite 300E Miami, FL 33176 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WALLACH, HOWARD 8940 N. KENDALL DR. #300-E EAST TOWER MIAMI, FL 33176 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV Daghistani, Doured 8940 N. Kendall Dr., Suite 603E Miami, FL 33176 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CITRON, PETER 8940 N. KENDALL DR. #300-E EAST TOWER MIAMI, FL 33176 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV De Zarraga, Fernando I 8940 N. Kendall Dr., Suite 300E Miami, FL 33176 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV LARCADA, ALBERTO 8940 N. KENDALL DR. #300-E EAST TOWER MIAMI, FL 33176 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV Garrido, Sara M 8940 N. Kendall Dr., Suite 300E Miami, FL 33176 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |

2008 FOR PROFIT CORPORATION ANNUAL REPORT

ACHMENT

DOCUMENT #P95000088606

1. Entity Name
ONCOLOGY HEMATOLOGY GROUP OF SOUTH
FLORIDA, P.A.



Principal Place of Business

9350 S.W. 72ND STREET
SUITE 200
MIAMI, FL 33173

Mailing Address

9350 S.W. 72ND STREET
SUITE 200
MIAMI, FL 33173

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

01242008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0620861

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPRATT, WILLIAM J
200 SOUTH BISCAYNE BLVD., 20TH FLOOR
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Page 2 of 3

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------------|---------------------------------|
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | KALMAN, LEONARD | |
| STREET ADDRESS | 8940 N. KENDALL DR. #300-E EAST TOWER | |
| CITY-ST-ZIP | MIAMI, FL 33176 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | WANG, GRACE | |
| STREET ADDRESS | 8940 N KENDALL DR 300-E | |
| CITY-ST-ZIP | MIAMI, FL 33176 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | FEINBERG, ALAN | |
| STREET ADDRESS | 8940 N. KENDALL DR. #300-E EAST TOWER | |
| CITY-ST-ZIP | MIAMI, FL 33176 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | WALLACH, HOWARD | |
| STREET ADDRESS | 8940 N. KENDALL DR. #300-E EAST TOWER | |
| CITY-ST-ZIP | MIAMI, FL 33176 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | CITRON, PETER | |
| STREET ADDRESS | 8940 N. KENDALL DR. #300-E EAST TOWER | |
| CITY-ST-ZIP | MIAMI, FL 33176 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | LARCADA, ALBERTO | |
| STREET ADDRESS | 8940 N. KENDALL DR. #300-E EAST TOWER | |
| CITY-ST-ZIP | MIAMI, FL 33176 | |

| | | |
|----------------|---------------------------------|--|
| TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Kaywin, Paul R | |
| STREET ADDRESS | 8940 N. Kendall Dr., Suite 300E | |
| CITY-ST-ZIP | Miami, FL 33176 | |
| TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lewin, Alan A | |
| STREET ADDRESS | 8900 N. Kendall Dr. | |
| CITY-ST-ZIP | Miami, FL 33176 | |
| TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Muina, Antonio | |
| STREET ADDRESS | 8940 N. Kendall Dr., Suite 300E | |
| CITY-ST-ZIP | Miami, FL 33176 | |
| TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Olzewski, Steven J | |
| STREET ADDRESS | 6200 SW 73rd St. | |
| CITY-ST-ZIP | Miami, FL 33143 | |
| TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Rodrigues, Maria-Amelia M | |
| STREET ADDRESS | 6200 SW 73rd St. | |
| CITY-ST-ZIP | Miami, FL 33143 | |
| TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Troner, Michael B | |
| STREET ADDRESS | 8940 N. Kendall Dr., Suite 300E | |
| CITY-ST-ZIP | Miami, FL 33143 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

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| Zip | | Country | | Zip | |
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| TITLE | DV | <input type="checkbox"/> Delete | TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KALMAN, LEONARD | | NAME | Ucar, Antonio | |
| STREET ADDRESS | 8940 N. KENDALL DR. #300-E EAST TOWER | | STREET ADDRESS | 8940 N. Kendall Dr., Suite 300E | |
| CITY-ST-ZIP | MIAMI, FL 33176 | | CITY-ST-ZIP | Miami, FL 33143 | |
| TITLE | DV | <input type="checkbox"/> Delete | TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WANG, GRACE | | NAME | Venkatappa, Siddhartha A | |
| STREET ADDRESS | 8940 N KENDALL DR 300-E | | STREET ADDRESS | 8940 N. Kendall Dr., Suite 300E | |
| CITY-ST-ZIP | MIAMI, FL 33176 | | CITY-ST-ZIP | Miami, FL 33143 | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FEINBERG, ALAN | | NAME | Fein, Steven | |
| STREET ADDRESS | 8940 N. KENDALL DR. #300-E EAST TOWER | | STREET ADDRESS | 8940 N. Kendall Dr., Suite 300E | |
| CITY-ST-ZIP | MIAMI, FL 33176 | | CITY-ST-ZIP | Miami, FL 33176 | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALLACH, HOWARD | | NAME | | |
| STREET ADDRESS | 8940 N. KENDALL DR. #300-E EAST TOWER | | STREET ADDRESS | | |
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| NAME | CITRON, PETER | | NAME | | |
| STREET ADDRESS | 8940 N. KENDALL DR. #300-E EAST TOWER | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33176 | | CITY-ST-ZIP | | |
| TITLE | DV | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LARCADA, ALBERTO | | NAME | | |
| STREET ADDRESS | 8940 N. KENDALL DR. #300-E EAST TOWER | | STREET ADDRESS | | |
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| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |