2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P95000088606 03-14-2008 90031 041 ***150.00 ONCOLOGY HEMATOLOGY GROUP OF SOUTH FLORIDA, P.A. 40040002 Principal Place of Business Mailing Address 9350 S.W. 72ND STREET 9350 S.W. 72ND STREET SUITE 200 SUITE 200 MIAMI, FL 33173 MIAMI, FL 33173 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0620861 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent --7. Name and Address of New Registered Agent SPRATT, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE BLVD., 20TH FLOOR MIAMI, FL 33131 City Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 Page 1 of 3 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE **⊠** Addilion Change nν KALMAN, LEONARD NAME NAME Abitbol, Andre A STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER STREET ADDRESS 8900 N. Kendall Dr. CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP Miami, FL 33176 DV Addition TITLE ☐ Oelete TITL F Change DV NAME WANG, GRACE NAME Albrecht, Federico 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 33176 Change Addition VD: TITLE ☐ Delete TITLE FEINBERG, ALAN NAME NAME Behrmann, Frances 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 Addition X ☐ Delete TITLE TITLE WALLACH, HOWARD NAME NAME Daghistani, Doured STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER STREET ADDRESS 8940 N. Kendall Dr., Suite 603E CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP Miami, FL 33176 Addition TITLE ☐ Delete TITLE DV Change De Zarraga, Fernamdo I CITRON, PETER NAME 8940 N. Kendall Dr., Suite 300E 8940 N. KENDALL DR. #300-E EAST TOWER STREET ADDRESS STREET ADDRESS Miami, FL 33176 CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-7/E Addition [Change TITLE DV ☐ Delete TITLE Dν LARCADA, ALBERTO NAME NAME Garrido, Sara M STREET ADDRESS 8940 N. KENDALL DR. #300-E EAST TOWER STREET ADDRESS 8940 N. Kendall Dr., Suite 300E Miami Fl. 33176 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33176 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.

FILED Mar 14, 2008 8:00 am

4/01

Daytime Phone #



2008 FOR PROFIT CORPORATION

ANNUAL REPORT												
DOCUMENT #P95000088696 1. Entity Name ONCOLOGY HEMATOLOGY GROUP OF SOUTH FLORIDA, P.A.												
Principal Place 9350 S.W. 7 SUITE 200 MIAMI, FL 3	2ND STREET	_	Mailing Address 9350 S.W. 72ND STREET SUITE 200 MIAMI, FL 33173			7	MHK	284	<u>'</u>	·~-		
Principal Place of Business - No P.O. Box # Mailing Address							7					
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			01242008	Chg-P	CR2E03	4 (12/06)			
City & State			City & State				4. FEI Number 65-0620				oplied For ot Applicable	
Zip		Country	Zip	Coun	try		5. Certificate o	\$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												
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees Page 2 of 3									2 of 3			
10.	k	OFFICERS AND E	DIRECTORS	11.			ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTOR		
NAME STREET ADDRESS CITY-ST-ZIP	KALMAN, LEONARD 8940N. KENDALL DR. #300-E EAST TOWER					8940	V ☐ Chan aywin, Paul R 40 N. Kendall Dr., Suite 300E iamí, FL 33176				Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Delete WANG, GRACE 8940 N KENDALL DR 300-E MIAMI, FL 33176				1	8900	n, Alan A N. Kendall Dr. u, FL 33176		□ Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP	VD: Delete FEINBERG, ALAN 8940 N. KENDALL DR. #300-E EAST TOWER MIAMI, FL 33176					3940	rina, Antonio 40 N. Kendall Dr., Suite 300E ami, FL 33176				Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Delete WALLACH, HOWARD 8940 N. KENDALL DR #300-E EAST TOWER MIAMI, FL 33176				E Et address - St-Zip	6200	V szewski, Steven J 00 SW 73rd St. ami, FL 33143			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						6200	change drigues, Maria-Amelia M 0 SW 73rd St. mi, FL 33143			Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARCADA, ALBERTO 8940 N. KENDALL DR. #300-E EAST TOWER MIAMI, FL 33176			CITY	ET ADDRESS - ST-ZIP	3940 Міап	ner, Michael B 0 N. Kendall Dr., Suite 300E mi, FL 33143			Change	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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devime Phone #												

ATTACHMENT

2008 FOR PROFIT CORPORATION

ANNUAL REPORT											
DOCUMENT # P95000088606 1. Entity Name ONCOLOGY HEMATOLOGY GROUP OF SOUTH FLORIDA, P.A.											•
Principal Place of Business Mailing Address						Ī					
9350 S.W. 7	2ND STREE	Γ	9350 S.W. 72ND STRE	9350 S.W. 72ND STREET							
SUITE 200			SUITE 200	SUITE 200						_	
MIAMI, FL 33173 MIAMI, FL 33173								HANH	ムマタ	71(1
2. Principal F	3. Mailing Address	lailing Address			[]	4004		T			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01242008	Chg-P	CR2E	34 (12/06)	
City & State			City & State				4. FEI Numb			. No	oplied For ot Applicable
Zip		Country	Zip	Cour	ntry		5. Certificate of Status Desi			\$8.75 Add Fee Require	
	6. Name	and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent						
CDDATT	LAZI I IAAA	ı.			Name						,
SPRATT, WILLIAM J 200 SOUTH BISCAYNE BLVD., 20TH FLOOR MIAMI, FL 33131					Street Address (P.O. Box Number is Not Acceptable)						
	·				City					Zip Cod	e
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SIGNATURE											
	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	kd Agent signatur	Le Lednjked	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. 9. Election Campaign Financing Added to Fees Page 3 of 3											
10.		OFFICERS AND D	DIRECTORS	11.			ADDITIONS,	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	∕ 2∨		☐ Delete	TITL	E	DV		•		☐ Change	Addilion
NAME				· NAM		Uca	r, Antonio	Or., Suite 300E			•
STREET ADDRESS CITY-ST-ZIP				- 6	ET ADDRESS -ST-ZIP	Mia Mia	mi, FL 3314.	3			ا
TITLE	DV	\	Delete	TITL	E	DV				Change	Addition
NAME	WANG, GRAÇE		NAM	E		katappa, Siddl	nartha A			.	
STREET ADDRESS					, ,		10 N. Kendall Dr., Suite 300E				
CITY-ST-ZIP	MIAMI, FL 33176		CITY	-ST-ZIP	Miar	ni, FL 33143			****		
TITLE	-VD	\	Delete	TITLE		DV	O+	•	-	Change	∑ Addillon
name Street address	· · · · · · · · · · · · · · · · · · ·			NAM	E ET ADDRESS		Steven N. Kendall Dr.	Snite 300E			
CITY-ST-ZIP					-ST-ZIP		, FL 33176	, parc 300D			
TITLE	SD		☐ Delete	TITL	E					☐ Change	Addition Addition
NAME		H, HOWARD	\	NAM	ε						
STREET ADDRESS		ENDALL DR #300-E EA	AST TOWER		ET ADDRESS						
CITY-ST-ZIP	MIAMI, FL	. 33176			-ST-ZIP					☐ Chance	☐ Addition
TITLE NAME	TD CITRON,	PETER	☐ Delete	TITLI						□ Cuange	[_] MOUNTON
STREET ADDRESS		ENOALL DR. #300-E EA	AST TOWER		ET ADDRESS						
CITY-ST-ZIP	MIAMI, FL	33176		CITY	-ST-ZiP			<u> </u>			
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NAME		A, ALBERTO	\	NAM							j
					ET ADDRESS						
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone											
		SIGNATURE AND TYPED OR PR	IN I EU NAME OF SIGNING OFFICER	OK DIRECT	UR			Uate		ayılme rnone #	