

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90161 044 ***150.00

DOCUMENT # P95000088606

1. Entity Name

ONCOLOGY HEMATOLOGY GROUP OF SOUTH FLORIDA, P.A.



Principal Place of Business

**8940 N. KENDALL DRIVE
SUITE 300-E. EAST TOWER
MIAMI 33 176**

Mailing Address

**8940 N. KENDALL DRIVE
SUITE 300-E. EAST TOWER
MIAMI 33 176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0620861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CHASE, ALAN R
9400 S. DADELAND BLVD.
SUITE 600
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

NATURE

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, 2003 Fee will be \$550.00

Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

OFFICERS AND DIRECTORS

11.

ERS AND DIRECTORS IN 11

DV ☐ Delete
KALMAN, LEONARD
ADDRESS **8940 N. KENDALL DR. #300-E EAST TOWER**
CITY-ST-ZIP **MIAMI FL 33176**

PD ☒ Delete
LIEBLING, MARTIN
ADDRESS **8940 N. KENDALL DR. #300-E EAST TOWER**
CITY-ST-ZIP **MIAMI FL 33176**

VD ☐ Delete
FEINBERG, ALAN
ADDRESS **8940 N. KENDALL DR. #300-E EAST TOWER**
CITY-ST-ZIP **MIAMI FL 33176**

SD ☐ Delete
WALLACH, HOWARD
ADDRESS **8940 N. KENDALL DR. #300-E EAST TOWER**
CITY-ST-ZIP **MIAMI FL 33176**

TD ☐ Delete
CITRON, PETER
ADDRESS **8940 N. KENDALL DR. #300-E EAST TOWER**
CITY-ST-ZIP **MIAMI FL 33176**

DV ☐ Delete
LARCADA, ALBERTO
ADDRESS **8940 N. KENDALL DR. #300-E EAST TOWER**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DV ☐ Change ☐ Addition
Kaywin, Paul R
8940 N Kendall Dr #300-E
Miami, FL 33176

DV ☐ Change ☐ Addition
Wang, Grace
8940 N Kendall Dr #300-E
Miami, FL 33176

DV ☐ Change ☐ Addition
Muina, Antonio
8940 N Kendall Dr #300-E
Miami, FL 33176

DV ☐ Change ☐ Addition
Behrmann, Frances
8940 N Kendall Dr #300-E
Miami, FL 33176

DV ☐ Change ☐ Addition
Garrido, Sara
8940 N Kendall Dr #300-E
Miami, FL 33176

DV ☐ Change ☐ Addition
Troner, Michael
8950 N Kendall Dr #503-E
Miami, FL 33176

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment 30024205
P950008806

ATTACHMENT TO UBR P95000088606

Additional Physicians:

DV
Daghistani, Doured
8940 N Kendall Dr #603-E
Miami, FL 33176

DV
Olszewski, Steven
6200 SW 73rd St.
Miami, FL 33143

DV
Perman, Michael
6200 SW 73rd St.
Miami, FL 33143