


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000033818</b> 1. Entity Name <b>ONCOLOGY &amp; HEMATOLOGY ASSOCIATES OF WEST BROWARD, P.A.</b>	
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Principal Place of Business  
**7431 UNIVERSITY DRIVE  
STE 110  
TAMARAC, FL 33321**

Mailing Address  
**7431 UNIVERSITY DRIVE  
STE 110  
TAMARAC, FL 33321**



01112006 No Chg-F CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0753936</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**B & C CORPORATE SERVICES, INC.  
ONE BISCAYNE TOWER, 21ST FL  
2 SOUTH BISCAYNE BLVD  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ROSENBERG, ABRAHAM M.D.
STREET ADDRESS	7431 N UNIVERSITY DR #110
CITY-ST-ZIP	TAMARAC, FL 33321

TITLE	D
NAME	KALMAN, ALFRED M M.D.
STREET ADDRESS	7431 N UNIVERSITY DR #110
CITY-ST-ZIP	TAMARAC, FL 33321

TITLE	D
NAME	SAWHNEY, SUMIT
STREET ADDRESS	7431 N UNIVERSITY DR #110
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/06-80037-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: X  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 11700  
Date

Daytime Phone #