2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V56129

1. Entity Name

ONCOLOGY & RADIATION ASSOICATES, PA

FILED
00 MAY 18 PM 12:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
4651 Ponce de Leon Blvd.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4651 Ponce de Leon Blvd.	4651 Ponce de Leon Blvd.
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Coral Gables, Fl	City & State: Coral Gables,Fla
Zip: 33146 Country: USA	Zip: 33146 Country: USA

4. FEI Number: 65-0349562 ☐ Applied For ☐ Not Applicable

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
Henry Volpe 7700 North Kendall Dr. Suite 510 Miami, Fl 33156	Name Street Address (P.O. Box Number Not Acceptable) 500080928646S--9 -06/13/00--01025--026 *****61.25 *****61.25 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Jose J. Noy MD 3661 S Miami Ave. (306) Miami, Fl 33133 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-Presidents ☐ Change XX Addition Jorge Antunez de Mayolo MD Antonio Ucar MD 3661 S Miami Ave. (301) Miami, Fl 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary-Treasurer Julio M. Garcia MD 3661 S Miami Ave. (303) Miami, Fl 33133 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President ☐ Change XX Addition Aida Ronquillo MD Juan Godinez MD 1400 NE 12 Ave. Miami, Fl 33136
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Luis Villa Jr. MD 3661 S Miami Ave. (301) Miami, Florida 33133 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-presidents ☐ Change XX Addition Raul Ravelo MD Oscar Tercilla MD 3663 S Miami Avenue, Miami, Fl 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-presidents ☐ Change XX Addition Jonathan Cohen MD Jolly Varki MD 1321 NW 14 St Suite 207 Miami, Fl 33136
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President ☐ Change XX Addition Marc Saltzman MD 9526 NW 2nd Ave. Suite 302 Miami Shores, Fl 33138
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-president ☐ Change XX Addition Tomas Braunschweig MD 7150 W 20th Ave. Suite 214 Hialeah, Florida 33016

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. KE

SIGNATURE: _____ JULIO M. GARCIA MD 3/22/2000 305-666-0313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Miami, Fl 33156

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Vice-president MD NAME: Manuel L Guerra MD STREET ADDRESS: 3661 S Miami Ave. (303) CITY-ST-ZIP: Miami, Fl 33133	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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KE

SIGNATURE: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #