

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2001 8:00 am**
Secretary of State

02-01-2001 90090 012 ***150.00

DOCUMENT # V56129

1. Entity Name

ONCOLOGY & RADIATION ASSOCIATES, P.A.

Principal Place of Business

**4651 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES FL 33146
US**

Mailing Address

**4651 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES FL 33146
US**

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 **65-0349562**

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

**VOLPE, HENRY
7700 NORTH KENDALL DRIVE
SUITE 510
MIAMI FL 33156**

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.

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	P	<input type="checkbox"/> Delete
NAME	NOY, JOSE J MD	
STREET ADDRESS	3661 S. MIAMI AVE. (306)	
CITY-ST-ZIP	MIAMI FL 33133	

TITLE	Cohen, Jonathan J MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Varki, Jolly, MD	
STREET ADDRESS	1321 NW 14th St. (207)	
CITY-ST-ZIP	Miami, FL 33136	

TITLE	ST	<input type="checkbox"/> Delete
NAME	GARCIA, JULIO M MD	
STREET ADDRESS	3661 S. MIAMI AVE. (303)	
CITY-ST-ZIP	MIAMI FL 33133	

TITLE	Braunschweig, Tomas MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7150 W 20th Ave #214, Hialeah	
STREET ADDRESS	F133016	
CITY-ST-ZIP	Saltzman, Marc A MD	
	9526 NE 2nd Ave. (302)	

TITLE	D	<input type="checkbox"/> Delete
NAME	VILLA, LUIS JR. MD	
STREET ADDRESS	3661 S. MIAMI AVE. (301)	
CITY-ST-ZIP	MIAMI FL 33133	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guerra, Manuel L	
STREET ADDRESS	3661 S Miami Ave. (305)	
CITY-ST-ZIP	Miami, FL 33133	

TITLE	VP	<input type="checkbox"/> Delete
NAME	ANTUNEZ DE MAYOLO, JORGE MD	
STREET ADDRESS	3661 S. MIAMI AVE. (301)	
CITY-ST-ZIP	MIAMI FL 33133	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ucar, Antonio MD	
STREET ADDRESS	3661 S Miami Ave. (301)	
CITY-ST-ZIP	Miami, FL 33133	

TITLE	VP	<input type="checkbox"/> Delete
NAME	RONQUILLO, AIDA MD	
STREET ADDRESS	1400 NE 12 AVE.	
CITY-ST-ZIP	MIAMI FL 33136	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Godinez, Juan MD	
STREET ADDRESS	1100 NW 95 St	
CITY-ST-ZIP	Miami FL 33150	

TITLE	VP	<input type="checkbox"/> Delete
NAME	RAVELO, RAUL	
STREET ADDRESS	3663 S. MIAMI AVENUE	
CITY-ST-ZIP	MIAMI FL 33133	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tercilla, Oscar MD	
STREET ADDRESS	3663 S Miami Ave.	
CITY-ST-ZIP	Miami, FL 33133	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)