2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V56129

1. Entity Name

Oncology & Radiation Associates P.A

Principal Place of Business | Mailing Address

FILED
01 NOV -8 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 AMENDED UBR

2. Principal Place of Business	3. Mailing Address
11401 SW 40 St	11401 SW 40 St
Suite, Apt. #, etc. 365	Suite, Apt. #, etc. 365
City & State Miami Fl	City & State Miami Fl
Zip 33165 Country Dade	Zip 33165 Country Dade

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 N. Kendall Dr (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)

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-12/05/01--01001--014
*****61.25 *****61.25

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 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	See attached list ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President EDUARDO Gomez MD. 7100 W. 20 thave #501 Hialeah FL 33016 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President RAMON Rodriguez-Torres M.D. 11700 S.W 40ST 741 Miami FL 33165 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Pedro SERRANO-OJEDA M.D 3663 S. Miami One Miami FL 33133 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President CARLOS VIDAL M.D. 1321 NW 14ST (601) Miami FL 33136 LS ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Lionel I. Noy M.D. 3661 S. Miami One. # 306) Miami FL 33133 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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 #

OFFICER AND DIRECTORS

ONCOLOGY & RADIATION ASSOCIATES P.A.
11401 S.W. 40 ST #365
MIAMI, FL 33165
TEL:# 305-668-0313
FAX:# 305-668-9722

TITLE	PRESIDENT
NAME	JOSE NOY M.D.
STREET ADDRESS	3661 S.W. MIAMI AVE 306
CITY- ST-ZIP	MIAMI, FL 33133
TITLE	SECRETARY & TREASURE
NAME	JULIO GARCIA, M.D.
STREET ADDRESS	3661 S..MIAMI AVE # 303
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VICE-PRESIDENT
NAME	LUIS VILLA, M.D.
STREET ADDRESS	3661 S. MIAMI AVE #301
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VICE-PRESIDENT
NAME	JORGE ANTUNEZ-DE MAYOLO, M.D.
STREET ADDRESS	3661 S.W. MIAMI AVE #301
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VICE-PRESIDENT
NAME	ANTONIO UCAR, M.D.
STREET ADDRESS	3661 S.MIAMI AVE #301
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VICE-PRESIDENT
NAME	JOLLY VARKI, M.D.
STREET ADDRESS	1321 N.W. 14 ST #601
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	VICE-PRESIDENT
NAME	MARC SALTZMAN, M.D.
STREET ADDRESS	9526 N.E. 2ND AVE # 202
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	VICE-PRESIDENT
NAME	TOMA BRAUNSCHWEIG, M.D.
STREET ADDRESS	7150 W. 20 AVE #214
CITY-ST-ZIP	HIALEAH, FL 33016

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TITLE	VICE-PRESIDENT
NAME	JONATHAN COHEN, M.D.
STREET ADDRESS	1321 N.W. 14 ST # 207
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	VICE-PRESIDENT
NAME	MANUEL GUERRA, M.D.
STREET ADDRESS	3661 S.W. MIAMI AVE # 303
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VICE-PRESIDENT
NAME	RAUL RAVELO, M.D.
STREET ADDRESS	3663 S. MIAMI AVE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VICE-PRESIDENT
NAME	OSCAR TERCILLA, M.D.
STREET ADDRESS	3663 S. MIAMI AVE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VICE-PRESIDENT
NAME	JUAN GODINEZ, M.D.
STREET ADDRESS	3663 S. MIAMI AVE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VICE-PRESIDENT
NAME	AIDA RONQUILLO, M.D
STREET ADDRESS	3663 S. MIAMI AVE
CITY-ST-ZIP	MIAMI, FL 33133