2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 AM
Secretary of State

DOCUMENT# V56129

Entity Name: ONCOLOGY & RADIATION ASSOCIATES, P.A.

Current Principal Place of Business:

11401 S.W. 40TH STREET
#365
MIAMI, FL 33165 US

New Principal Place of Business:

Current Mailing Address:

11401 S.W. 40TH STREET
#365
MIAMI, FL 33165 US

New Mailing Address:

FEI Number: 65-0349562 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	NOY, JOSE J MD	
Address:	3661 S. MIAMI AVE. (306)	
City-St-Zip:	MIAMI, FL 33133	
Title:	ST	( ) Delete
Name:	GARCIA, JULIO M MD	
Address:	3661 S. MIAMI AVE. (303)	
City-St-Zip:	MIAMI, FL 33133	
Title:	D	( ) Delete
Name:	VILLA, LUIS JR. MD	
Address:	3661 S. MIAMI AVE. (301)	
City-St-Zip:	MIAMI, FL 33133	
Title:	VP	( ) Delete
Name:	ANTUNEZ-DE MAYOLO, JORGE MD	
Address:	3661 S. MIAMI AVE. (301)	
City-St-Zip:	MIAMI, FL 33133	
Title:	VP	( ) Delete
Name:	UCAR, ANTONIO MD	
Address:	3661 S. MIAMI AVE. (301)	
City-St-Zip:	MIAMI, FL 33133	
Title:	VP	( ) Delete
Name:	VARKI, JOLLY	
Address:	1321 N.W. 13 STREET, #601	
City-St-Zip:	MIAMI, FL 33136	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIO GARCIA, MD ST 05/01/2002

Electronic Signature of Signing Officer or Director Date

JUAN GODINEZ, MD VP
1100 NW 95 STREET
MIAMI, FL 33150

AIDA RONQUILLO, MD VP
1400 NW 12 AVENUE
MIAMI, FL 33136

PEDRO SERRANO, MD VP
3663 S MIAMI AVENUE
MIAMI, FL 33133

RAUL RAVELO, MD VP
3663 S MIAMI AVENUE
MIAMI, FL 33133

OSCAR TERCILLA, MD VP
3663 S MIAMI AVENUE
MIAMI, FL 33133

RAMON RODRIGUEZ-TORRES, MD VP
11760 SW 40 STREET
SUITE 741
MIAMI, FL 33175

EDUARDO GOMEZ, MD VP
7100 W 20 STREET
SUITE 501
HIALEAH, FL 33016

MARC SALTZMAN, MD VP
9526 NE 2 AVENUE
SUITE 202
MIAMI SHORES, FL 33138

JONATHAN COHEN, MD VP
1321 NW 14 STREET
SUITE 207
MIAMI, FL 33136

CARLOS VIDAL, MD VP
1321 NW 14 STREET
SUITE 601
MIAMI, FL 33136

TOMAS BRAUNSCHWEIG, MD VP
7150 W 20 STREET
SUITE 214
HIALEAH, FLORIDA 33016

MANUEL GUERRA, MD VP
3661 S MIAMI AVENUE
SUITE 303
MIAMI, FL 33133

LIONEL NOY, MD VP
3661 S. MIAMI AVENUE
SUITE 306
MIAMI, FL 33133