2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2004 08:00 AM Secretary of State

ANNUAL REPORT					Consider of C4.40	
DOCUMENT # V56129 1. Entity Name ONCOLOGY & RADIATION ASSOCIATES, P.A.				Secretary of State		
Principal Plac	e of Business	Mailing Address				
11401 S.W. 40TH STREET		C/O WILLIAM J. SPRATT JR				
#365		201 S BISCAYNE BLVD #2000		l .		
MIAMI, FL 33165 US			MIAMI, FL 33131 US			
14217 11466, 1 2 3	0100 00					
2. Principal Place of Business 3.		3. Mailing Address	. Mailing Address			
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Suite, Apt #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01272004 Chg-P CR2E034 (10/03)	
						 ,
City & State		City & State			4. FEI Number Applied For 65-0349562 Nor Applied For	vio.
Zin	Country	Zip	Coun	itou		ne :
Zíp	Country	Σή	Cour	n. y	5. Certificate of Status Desired S8.75 Additional Fee Regulard	
	6. Name and Address of Current	Registered Agent	š	1	7. Name and Address of New Registered Agent	
				Name		
SPRATT, 1	WILLIAM JESQ			<u></u>		-
201 S BISCAYNE BLVD				Street Address	(P.O. Box Number is Not Acceptable)	
STE 2000			_			
MIAMI, FL	33131					
}				City	FL Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept	οt
	tions of registered agent.		-			
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
				<u> </u>		-
FIE	E NOW!!! FEE IS \$150.00	9. Election Campa		ncing \$5	5.00 May Be	
	ay 1, 2004 Fee will be \$550.0	Trust Fund Cont	ribution.	☐ Ádd	ided to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TRLE	OP	☐ Delete	1111		☐ Change ☐ Addition	on
NAME	BRAUNSCHWEIG, TOMAS MD	T Delete	NAW	- }	<u> </u>	•••
STREET ADDRESS	7150 WEST 20TH ST #214			EET AODRESS	04/20/04-80051-010 150.00	
CITY-ST-ZIP	HIALEAH, FL 33016			-ST-ZIP	authorn, dopar are reafer	
	DVP	☐ Delete	TRE		☐ Change ☐ Additu	DD
NAME	GARCIA, JULIO M MD	CT Delete	NAM	1	CI overlie Ci vicenti	J.,
STREET ADORESS	3661 S. MIAMI AVE. (303)			LET ADDRESS		
CITY-SI-ZIF	MIAMI, FL 33133			-ST-28P		
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3378	TERCILLA, OSCAR MD	☐ Delete	HAN	- {	E cuante E voncin	D)
NAME STREET ADDRESS	3663 SOUTH MIAMI AVE		- 5	ELI ADDRESS		
CITY -ST ZIP	MIAMI, FL 33131			-ST-ZIP		
ļ			-		Channa C hidde	
THE	CEO	☐ Delete	TITL Nas	}	☐ Change ☐ Additin	UNI
NAME	PARAPAR, JOSE			1		
STREET ADDRESS CHTY ST-ZIP	11401 SW 40TH ST #365			EET ADDRESS F-S1-ZIP		
	MIAMI, FL 33165	, , , , , , , , , , , , , , , , , , ,	•		[7] (h.)	
THE		Delete	317L		☐ Change ☐ Addition	E4D
NAME CARGE AGGRESS	}		NAN	I		
STREET ADDRESS				EET ADDRESS '-ST-ZIP		
City-St-ZiP						
TATLE	****	☐ Delete	1878	3	☐ Change ☐ Additi	១៧
NAME			NAN	· \		
STREET ADDRESS				EFT ADDRESS		
CITY-SI-DP				r-SI-ZIP		
12. I hereby	certify that the information supplied with	this filing does not qualify for	or the exe	emption stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under path; that I am an officer or directo	or .
of the co	rporation of the receiver of trustee empore	owered to execute this report	as requ	fred by Chapter 60	e same legal effect as if made under oath; that I am an officer or directo 07, Florida Statutes; and that my name appears in Block 10 or Block 11	if
	ar an an attachment with an address.	anna)) olhar lika amnoukarar				