


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90004 013 ***150.00

DOCUMENT # V56129 1. Entity Name ONCOLOGY & RADIATION ASSOCIATES, P.A.					
Principal Place of Business 11401 S.W. 40TH STREET #365 MIAMI, FL 33165 US			Mailing Address C/O WILLIAM J. SPRATT JR 201 S BISCAYNE BLVD #2000 MIAMI, FL 33131 US		
2. Principal Place of Business - No P.O. Box # 8881 N.W. 18TH TERRACE			3. Mailing Address Suite, Apt. #, etc.		
City & State MIAMI, FLORIDA			City & State		
Zip 33172		Country USA		4. FEI Number 65-0349562	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02062007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent SPRATT, WILLIAM J ESQ 201 S BISCAYNE BLVD STE 2000 MIAMI, FL 33131				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRAUNSCHWEIG, TOMAS MD 7150 WEST 20TH ST #214 HIALEAH, FL 33016	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST COHEN, JONATHAN, M.D. 1321 N.W. 14 TH STREET, SUITE 207 MIAMI, FLORIDA 33136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GARCIA, JULIO M MD 3661 S. MIAMI AVE. (303) MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARCIA, JULIO, M.D. 3659 S. MIAMI AVENUE, SUITE 2007 MIAMI, FLORIDA 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TERCILLA, OSCAR MD 3663 SOUTH MIAMI AVE MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TERCILLA, OSCAR, M.D. 3663 SOUTH MIAMI AVENUE MIAMI, FLORIDA 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PARAPAR, JOSE 11401 SW 40TH ST #365 MIAMI, FL 33165	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PARAPAR, JOSE 8881 N.W. 18 TH TERRACE MIAMI, FLORIDA 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jose Parapar</u> JOSE PARAPAR 3-19-07 305-668-0813					