2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State
02-12-2008 90019 004 ***150.00

DOCUMENT # V56129

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

Principal Place of Business	Mailing Address
8881 N.W. 18TH TERRACE MIAMI, FL 33172 US	C/O WILLIAM J. SPRATT JR 201 S BISCAYNE BLVD #2000 MIAMI, FL 33131 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9350 S.W. 72ND STREET	200 S. BISCAYNE BLVD.
Suite, Apt. #, etc.: SUITE 200	Suite, Apt. #, etc.: 20TH FLOOR
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33131 / Country: USA	Zip: 33131 / Country: USA

01092008 Chg-P CR2E034 (12/06)

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
SPRATT, WILLIAM J ESQ 201 S BISCAYNE BLVD STE 2000 MIAMI, FL 33131	Name: WILLIAM J. SPRATT, JR. Street Address (P.O. Box Number is Not Acceptable): 200 S. BISCAYNE BLVD. 20TH FLOOR City: MIAMI FL Zip Code: 33131

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DST ☐ Delete	TITLE	DST ☒ Change ☐ Addition
NAME	COHEN, JONATHAN MD	NAME	COHEN, JONATHAN M.D.
STREET ADDRESS	1321 N.W. 14TH STREET, SUITE 207	STREET ADDRESS	1321 NW 14 STREET SUITE 207
CITY-ST-ZIP	MIAMI, FL 33136	CITY-ST-ZIP	MIAMI, FLORIDA 33125
TITLE	DP ☐ Delete	TITLE	DP ☒ Change ☐ Addition
NAME	GARCIA, JULIO M MD	NAME	GARCIA, JULIO M. M.D.
STREET ADDRESS	3661 S. MIAMI AVE. (303)	STREET ADDRESS	3659 S. MIAMI AVE. SUITE 2007
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	MIAMI, FLORIDA 33133
TITLE	DV ☐ Delete	TITLE	DV ☒ Change ☐ Addition
NAME	TERCILLA, OSCAR MD	NAME	TERCILLA, OSCAR M.D.
STREET ADDRESS	3663 SOUTH MIAMI AVE	STREET ADDRESS	3663 SOUTH MIAMI AVENUE
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	MIAMI, FLORIDA 33133
TITLE	CEO ☐ Delete	TITLE	CEO ☒ Change ☐ Addition
NAME	PARAPAR, JOSE	NAME	PARAPAR, JOSE
STREET ADDRESS	8881 N.W. 18TH TERRACE	STREET ADDRESS	9350 S.W. 72ND STREET, SUITE 200
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP	MIAMI, FLORIDA 33173
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Jose Parapar — 1-16-08 — 786-594-4225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #