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

01092008 Chg-P CR2E034 (12/06)

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 / Country 33131 / USA	Zip / Country 33131 / USA

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DST COHEN, JONATHAN MD 1321 N.W. 14TH STREET, SUITE 207 MIAMI, FL 33136	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST COHEN, JONATHAN M.D. 1321 NW 14 STREET SUITE 207 MIAMI, FLORIDA 33125	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GARCIA, JULIO M MD 3661 S. MIAMI AVE. (303) MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GARCIA, JULIO M. M.D. 3659 S. MIAMI AVE. SUITE 2007 MIAMI, FLORIDA 33133	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV TERCILLA, OSCAR MD 3663 SOUTH MIAMI AVE MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV TERCILLA, OSCAR M.D. 3663 SOUTH MIAMI AVENUE MIAMI, FLORIDA 33133	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO PARAPAR, JOSE 8881 N.W. 18TH TERRACE MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO PARAPAR, JOSE 9350 S.W. 72ND STREET, SUITE 200 MIAMI, FLORIDA 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Jose Parapar 1-16-08 786-594-4225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #