

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92194 041 ***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
**11401 S.W. 40TH STREET
#365
MIAMI FL 33165
US**

2. Principal Place of Business

3. Mailing Address
c/o William J. Spratt, Jr.

Suite, Apt. #, etc.

201 S. Biscayne Blvd., #2000

City & State

City & State
Miami, Florida 33131

4. FEI Number
65-0349562

Applied For
Not Applicable

Zip

Country

Zip

Country

33131

USA

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

**VOLPE, HENRY
7700 NORTH KENDALL DRIVE
SUITE 810
MIAMI FL 33156**

Name
William J. Spratt, Jr. Esq.
Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd., #2000
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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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	P	<input checked="" type="checkbox"/> Delete
NAME	NOY, JOSE J MD	
STREET ADDRESS	3661 S. MIAMI AVE. (306)	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GARCIA, JULIO M MD	
STREET ADDRESS	3661 S. MIAMI AVE. (303)	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VILLA, LUIS JR. MD	
STREET ADDRESS	3661 S. MIAMI AVE. (301)	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ANTUNEZ-DE MAYOLO, JORGE MD	
STREET ADDRESS	3661 S. MIAMI AVE. (301)	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	UCAR, ANTONIO MD	
STREET ADDRESS	3661 S. MIAMI AVE. (301)	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	VARKI, JOLLY	
STREET ADDRESS	1321 N.W. 13 STREET, #601	
CITY-ST-ZIP	MIAMI FL 33136	

TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tomas Braunschweig, M.D.	
STREET ADDRESS	7150 West 20th Street, #214	
CITY-ST-ZIP	Hialeah, Florida 33016	
TITLE	D/Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Oscar Tercilla, M.D.	
STREET ADDRESS	3663 South Miami Avenue	
CITY-ST-ZIP	Miami, Florida 33133	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jose Parapar	
STREET ADDRESS	11401 S.W. 40th Street, 365	
CITY-ST-ZIP	Miami, Florida 33165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 4-28-03 (305) 48-0313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)