

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V56129

**Entity Name:** ONCOLOGY & RADIATION ASSOCIATES, P.A.**Current Principal Place of Business:**8881 N.W. 18TH TERRACE  
MIAMI, FL 33172**Current Mailing Address:**8881 N.W. 18TH TERRACE  
MIAMI, FL 33172 US**FEI Number:** 65-0349562**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARAPAR, JOSE  
8881 N.W. 18TH TERRACE  
MIAMI, FL 33172 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | PRESIDENT              |
| Name            | TERCILLA, OSCAR M.D.   |
| Address         | 8881 N.W. 18TH TERRACE |
| City-State-Zip: | MIAMI FL 33172         |

|                 |                              |
|-----------------|------------------------------|
| Title           | SECRETARY                    |
| Name            | VIDAL, CARLOS MD             |
| Address         | 1321 NW 14 STREET, SUITE 601 |
| City-State-Zip: | MIAMI FL 33125               |

|                 |                        |
|-----------------|------------------------|
| Title           | CEO                    |
| Name            | PARAPAR, JOSE          |
| Address         | 8881 N.W. 18TH TERRACE |
| City-State-Zip: | MIAMI FL 33172         |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSE PARAPAR

CEO

02/02/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date