# 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: NELLY LOPEZ

City-State-Zip: MIAMI FL 33133

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

02/11/2025

<u>2025</u>	FLORIDA PROFIT CORPORATION ANN	<b>NUAL REPORT</b>

#### DOCUMENT# V56129

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

## Current Principal Place of Business:

8899 N.W. 18TH TERRACE SUITE 203 MIAMI, FL 33172

## **Current Mailing Address:**

8899 N.W. 18TH TERRACE SUITE 203 MIAMI, FL 33172 US

#### FEI Number: 65-0349562

### Name and Address of Current Registered Agent:

LOPEZ, NELLY 8899 N.W. 18TH TERRACE SUITE 203 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	NATURE: NELLY LOPEZ			02/11/2025
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	DIRECTOR	
Name	CADAVID, GUSTAVO M.D.	Name	LOPEZ, NELLY	
Address	7150 W 20TH AVENUE SUITE 214	Address	8899 N.W. 18TH TERRACE SUITE 203	
City-State-Zip:	HIALEAH FL 33016	City-State-Zip:	MIAMI FL 33172	
Title	SECRETARY			
Name	ASTARITA, MICHELE M.D.			
Address	3659 S. MIAMI AVENUE SUITE 2001			

Certificate of Status Desired: Yes

FILED Feb 11, 2025 Secretary of State 2467624498CC

Date