

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90273 013 ***150.00

CR2E034 (9/01)

DOCUMENT # P00000028565

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

Principal Place of Business 3201 SW 33 ROAD OCALA FL 34474	Mailing Address 2650 ELM AVENUE 205 LONG BEACH CA 90806
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAO, G JAYANTH
3201 SW 33 ROAD
OCALA FL 34474

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYED, A M N 2650 ELM AVE STE 205 LONG BEACH CA 9080-6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAO, G JAYANTH 3406 N LECANTO HWY BEVERLY HILLS CA 34465-6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAO, YALLAPRAGADA S 3406 N LECANTO HWY BEVERLY HILLS CA 34465-6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALQAISI, MUNTHUR E 3406 N LECANTO HWY BEVERLY HILLS CA 34465-6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUTHAWALA, AJMEL A 3406 N LECANTO HWY BEVERLY HILLS CA 34465-6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 (562) 492-6695
 Date Daytime Phone #