

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90114 009 ***150.00

10/01/03 AR

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3620002**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**RAO, G JAYANTH
3201 SW 33 ROAD
OCALA FL 34474**

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

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

CR2E034 (10/02)

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/18/03** (562) 492-6695
Daytime Phone #