

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000000405

**Entity Name:** OCALA RADIATION ONCOLOGY CENTER, L.L.C.

**Current Principal Place of Business:**

3201 S.W. 33RD ROAD  
OCALA, FL 34474

**Current Mailing Address:**

2650 ELM AVENUE, #201  
LONG BEACH, CA 90806

**FEI Number:** 59-3538907

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EGAN, THOMAS M  
915 SE 17TH STREET  
OCALA, FL 34471 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

**Authorized Person(s) Detail :**

Title MGRM  
Name COMMUNITY RADIATION ONCOLOGY  
CENTERS, INC  
Address 2650 ELM AVE.,SUITE 201  
City-State-Zip: LONG BEACH CA 90806

Title MGRM  
Name RAO, JAYANTH GMD  
Address 3484 N. GRAYHAWK LOOP  
City-State-Zip: LECANTO FL 34461

Title MGRM  
Name SANDRAPATY, RAVICHANDRA MD  
Address 3101 SW 34TH AVENUE, STE 905  
UNIT 284  
City-State-Zip: OCALA FL 34474

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SYED ZIAULLA

**CHIEF OPERATING  
OFFICER**

**01/28/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date