

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000028565

FILED
Feb 10, 2006
Secretary of State

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

Current Principal Place of Business:

3201 SW 33 ROAD
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

2650 ELM AVENUE
201
LONG BEACH, CA 90806

New Mailing Address:

FEI Number: 59-3620002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SYED, A M N
Address: 2650 ELM AVE STE 201
City-St-Zip: LONG BEACH, CA 90806

Title: D () Delete
Name: RAO, G JAYANTH
Address: 3406 N LECANTO HWY
City-St-Zip: BEVERLY HILLS, CA 344656

Title: D () Delete
Name: RAO, YALLAPRAGADA S
Address: 2650 ELM AVENUE #201
City-St-Zip: LONG BEACH, CA 90806

Title: D () Delete
Name: ALQAISI, MUNTHERR E
Address: 2650 ELM AVENUE #201
City-St-Zip: LONG BEACH, CA 90806

Title: D () Delete
Name: PUTHAWALA, AJMEL A
Address: 2650 ELM AVENUE #201
City-St-Zip: LONG BEACH, CA 90806

Title: D () Delete
Name: SANDRAPATY, RAVICHANDRA
Address: 3201 S.W. 33RD ROAD
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SYED ZIAULLA

ADMI

02/10/2006

Electronic Signature of Signing Officer or Director

_____ Date