

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

**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, 201, LONG BEACH, CA 90806



04212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 59-3620002 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 RAO, G JAYANTH  
 3201 SW 33 ROAD  
 Ocala, FL 34474

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000931296  
 05/22/08-80009-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SYED, A M N
STREET ADDRESS	2650 ELM AVE STE 201
CITY-ST-ZIP	LONG BEACH, CA 90806
TITLE	D
NAME	RAO, G JAYANTH
STREET ADDRESS	3406 N LECANTO HWY
CITY-ST-ZIP	BEVERLY HILLS, CA 344656
TITLE	D
NAME	RAO, YALLAPRAGADA S
STREET ADDRESS	2650 ELM AVENUE #201
CITY-ST-ZIP	LONG BEACH, CA 90806
TITLE	D
NAME	ALQAISI, MUNTHER E
STREET ADDRESS	2650 ELM AVENUE #201
CITY-ST-ZIP	LONG BEACH, CA 90806
TITLE	D
NAME	PUTHAWALA, AJMEL A
STREET ADDRESS	2650 ELM AVENUE #201
CITY-ST-ZIP	LONG BEACH, CA 90806
TITLE	D
NAME	SANDRAPATY, RAVICHANDRA
STREET ADDRESS	3201 S.W. 33RD ROAD
CITY-ST-ZIP	OCALA, FL 34474

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* **DATE:** 4/29/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #