

**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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000931296
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, MUNTER 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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #