

5/16/23 May

P23000034293

Division of Corporations

No. 0514 P. 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000169166 3)))



H230001691663ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : 120030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2023 MAY -5 PM 3:34

FLORIDA
DIVISION OF
CORPORATIONS

**FLORIDA PROFIT/NON PROFIT CORPORATION
RADIATION ONCOLOGY CENTER OF OCALA INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

May. 5. 2023 2:16PM

1423000169166 3

No. 9514 P. 2

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: RADIATION ONCOLOGY CENTER OF OCALA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3101 SW 34TH AVENUE
SUITE 905

OCALA, FL 34474

Mailing address, if different is:

3101 SW 34TH AVENUE
SUITE 905

OCALA, FL 34474

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAVI SANDRAPATY, P

Name and Title: _____

Address 3101 SW 34TH AVENUE
SUITE 905
OCALA, FL 34474

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

1423000169166 3

May. 5. 2023 2:16PM

1423000169166 3

No. 0514 P. 3

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: RAVI SANDRAPATY

Address: 3101 SW 34TH AVENUE, SUITE 905

OCALA, FL 34474

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAWRENCE A. KIRSCH

Address: 41 STATE STREET, SUITE 700

ALBANY, NEW YORK 12207

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

15/Ravi Sandrapaty
Required Signature/Registered Agent

05/05/2023
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Lawrence A. Kirsch
Required Signature/Incorporator

05/05/2023
Date

1423000169166 3