

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000104904

**Entity Name:** BEVERLY HILLS RADIATION ONCOLOGY CENTER, INC.

**Current Principal Place of Business:**

3406 N LECANTO HWY  
A  
BEVERLY HILLS, FL 34465

**Current Mailing Address:**

2650 ELM AVE  
201  
LONG BCH, CA 90806 US

**FEI Number: 59-3543681**

**Certificate of Status Desired: No**

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

EGAN, THOMAS  
915 SE 17 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

**Officer/Director Detail :**

Title D  
Name SYED, A M  
Address 2650 ELM AVE STE 201  
City-State-Zip: LONG BEACH CA 90806

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

Title D  
Name PUTHAWALA, AJMEL  
Address 2650 ELM AVE SUITE 201  
City-State-Zip: LONG BCH CA 90806

Title D  
Name RAO, YALLAPRAGADA S  
Address 2650 ELM AVE STE 201  
City-State-Zip: LONG BCH CA 90806

Title O  
Name RABBANI, BOUCHAIB  
Address 2650 ELM AVE STE 201  
City-State-Zip: LONG BCH CA 90806

Title D  
Name ALQAISI, MUNTHER E  
Address 2650 ELM AVE STE 201  
City-State-Zip: LONG BCH CA 90806

*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 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 all other like empowered.*

**SIGNATURE: SYED ZIAULLA**

**C.O.O.**

**02/12/2019**

Electronic Signature of Signing Officer/Director Detail

Date