SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT FILEO Secretary of State 1997 DIVISION OF CORPORATIONS 97 OCT -3 PM 1: 14 DOCUMENT # 523432 (3)SECRETARY OF STATE RESPONSE ONCOLOGY OF WEST FT. LAUDERDALE, INC. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7421 UNIVERSITY DR., STE 112 7421 UNIVERSITY DR., STE 112 TAMARAC FL 33321 TAMARAC FL 33321 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report <u>02/01/1977</u> 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1723637 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WEINREB, NEAL J 7421 UNIVERSITY DR., STE 112 82 Street Address (P.O. Box Number is Not Acceptable) TAMARAC FL 33321 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or prested name of registered agent and time if applicable (NOTE: Registered Agent signature required where reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (4/9/ DELETE 70000231394 000 -10/07/97-01050-009 TITLE 1.110118 WEINREB, NEAL J NAME 1.2 NAME CR2E034 3730 N 54TH AVE STREET ADDRESS 1.3 STREET ADDRESS ****550.00 ****550.00 HOLLYWOOD FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change WEISBERG, JEFFREY I. NAME 2.2 NAME 10121 S.W. 5 STREET STREET ADDRESS 2.3 STREET ADDRESS PLANTATION FL CITY OI-ZIP 2 4 City-St-ZiP DELETE TITLE 3.1 TITLE Change Addition HAL Weiss, Steven 3.2 NAME 10121 S.W. 5TH ST. STREET ADDRESS 3 3 STREET ADDRESS PLANTATION FL CITY-ST-ZIP 3 4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 51 HILE Change Addition TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 61 THLE **Phange** NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

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SIGNATURE: