FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

0902232

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **523432**

1. Corporation Name
RESPONSE ONCOLOGY OF WEST FT. LAUDERDALE, INC.

Principal Place of Business
7421 UNIVERSITY DR., STE 112
TAMARAC FL 33321

Mailing Address
7421 UNIVERSITY DR., STE 112
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/01/1977

4. FEI Number
59-1723637
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

7. This corporation owes the current year Intangible Personal Property Tax [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 7421 N. University Dr Ste 110
Suite, Apt. #, etc.
27
City & State
28 Tamarac, FL
Zip 29 33321 Country 30 US

9. Name and Address of Current Registered Agent
WEINREB, NEAL J
7421 UNIVERSITY DR., STE 112
TAMARAC FL 33321

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required for all changes) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[X] DELETE
NAME	WEINREB, NEAL J	
STREET ADDRESS	3730 N 54TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	STD	[X] DELETE
NAME	WEISBERG, JEFFREY I.	
STREET ADDRESS	10121 S.W. 5 STREET	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VP	[X] DELETE
NAME	WEISS, STEVEN	
STREET ADDRESS	10121 S.W. 5TH ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	[X] Change [ ] Addition
12 NAME	Joseph T. Clark	
13 STREET ADDRESS	1805 Moriah Woods Blvd	
14 CITY-ST-ZIP	Memphis Tn 38117	
21 TITLE	S	[X] Change [ ] Addition
22 NAME	Mary Clements	
23 STREET ADDRESS	1805 Moriah Woods Blvd	
24 CITY-ST-ZIP	Memphis Tn 38117	
31 TITLE	T	[X] Change [ ] Addition
32 NAME	Dena Mullen	
33 STREET ADDRESS	1805 Moriah Woods Blvd	
34 CITY-ST-ZIP	Memphis Tn 38117	
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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DB 3-2-99

14. I 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, with all other like empowered.

SIGNATURE: Dena Mullen 2/23/99 (901)761-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)