## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997 DOCUMENT # 625541

(8)

RESPONSE ONCOLOGY OF FT. LAUDERDALE, INC.

Principal Place 5700 N. FEDER SUITE 5 FT. LAUDERDA	ral highway	Mailing Address 5700 N. FEDERAL HIGHWAY SUITE 5 FT. LAUDERDALE FL 33308-2600		3. Date Incorporated or Qualified 3a. Date of Last Report			
					3. Date Incorporated or Qualified 06/12/1979	04/19/199	
	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-1913523		Not Applicable
Su le, Apt.	#, etc	Suite, Apt. #, etc.	·		5. Certificate of Status Desired Security Securi		
City & Stati	0	City & State	_		Election Campaign Financing     Trust Fund Contribution		00 May Be ed to Fees
Zip			Country	<i>!</i>	<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	9. Name and Address of Curre	29 29 Agent	30	<del></del>	10. Name and Address of New Re		
DV4		iit negistered Agent	81	Name	(U. Haille alla Addiese of Herrice	Jistorea Agont	
	AER, WILLIAM O N. FEDERAL HWY. #5					La	
	LAUDERDALE FL 33308				ress (P.O. Box Number is Not Acceptab	l <del>0</del> }	
			83				
<u> </u> 			84	City		FL 85 Z	ip Code
agent. La SIGNATURE	im familiar with, and accept the oblig	yations of, Section 607.0505, Florent and bille it applicable (NOT	orida Statute	S.	tion's board of directors. I hereby accepted when reinstating)	DATE	
12.		ID DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Chang	
TITLE	PTD WILLIAM	☐ DETEST	1.1 TITLE				la Modutou
NAME	RYMER, WILLIAM 5700 N. FEDERAL HWY. #5		1.2 NAME				
STREET ADDRESS	FT LAUDERDALE, FL 00000			T ADDRESS			
CITY - S1 - ZIP	VD	DELETE	1.4 CITY - 2.1 TITLE	ST- ZIP		Chang	e Addition
NAME	ZARAVINOS, THEODORE	orecie	2.2 NAME				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS	5700 N. FEDERAL HWY. #5		2.3 STREET ADDRESS				
CITY-S1-70P	FT LAUDERDALE FL		2.4 CITY-				
1011E	SO	DELETE	3.1 T(TLE	51-211		☐ Chang	ge 🔲 Addition
NAME	7410 POLICI 40		3.2 NAME				
STREET ADDRESS	FTOO N. PEDEDAL LAND. 45		3.3 STREE	T ADDRESS			
CHY-ST-ZIP	FT LAUDERDALE FL	₹   3		ST-ZIP			
TITLE		DELETE	4.1 TITLE			Chang	ge 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	r address			
CITY - ST - ZIP			4.4 CITY-	ST-ZIP			
1171.6	DELETE 5.11		5.1 TITLE			Chang	ge Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP	.,,		5.4 CITY -	ST-ZIP		. <u> </u>	
TITLE		DELETE	6.1 TITLE			L Chang	ge 🔲 Addition
NAME			6.2 NAME				ļ
STREET ADORESS	•		6.3 STREE	T ADDRESS			

6.4 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 have the composition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name of the composition of

**FILED** 

Mar 26 1997 8:00am

Secretary of State

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