

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 625541

1. Corporation Name

Response Oncology of Ft. Lauderdale, Inc.

Principal Place of Business

5700 N. Federal Highway
Suite 5
Ft. Lauderdale, FL 33308

Mailing Address

5700 N. Federal Highway
Suite 5
Ft. Lauderdale, FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6/12/1979

4. FEI Number

59-1913523

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

Rymer, William
5700 N Federal Hwy #5
Ft. Lauderdale, FL 33308

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 in printed name. (Registered agent and the applicable

NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONAL OFFICERS AND DIRECTORS			
TITLE	PTD	☒ DELETE		TITLE	P	☐ Change	☒ Addition
NAME	Rymer, William			NAME	Clark, Joseph T		
STREET ADDRESS	5700 N. Federal Hwy #5			STREET ADDRESS	1775 Moriah Woods Blvd		
CITY-STATE-ZIP	Ft. Lauderdale, FL 33308			CITY-STATE-ZIP	Memphis TN 38117		
TITLE	VD	☒ DELETE		TITLE	S	☐ Change	☒ Addition
NAME	Zaravinos, Theodore			NAME	Clements, Mary		
STREET ADDRESS	5700 N. Federal Hwy #5			STREET ADDRESS	1775 Moriah Woods Blvd		
CITY-STATE-ZIP	Ft. Lauderdale, FL 33308			CITY-STATE-ZIP	Memphis TN 38117		
TITLE	SD	☒ DELETE		TITLE	T	☐ Change	☒ Addition
NAME	Feig, Douglas			NAME	Mullen, Dena		
STREET ADDRESS	5700 N. Federal Hwy #5			STREET ADDRESS	1775 Moriah Woods Blvd		
CITY-STATE-ZIP	Ft. Lauderdale, FL 33308			CITY-STATE-ZIP	Memphis TN 38117		
TITLE		☐ DELETE		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		☐ DELETE		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		☐ DELETE		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, unchanged, or on an attachment with an address.