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CR2E034 (11/98)

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris 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

2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 22 City & State 27 City & State 23 Zip Country 28 Zip Country 24 25 29 30

g. Name and Address of Current Registered Agent RYMER, WILLIAM 5700 N. FEDERAL HWY. #5 FT. LAUDERDALE FL 33308

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1979 4. FEI Number 59-1913523 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax Yes No 10. Name and Address of New Registered Agent

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 is required for all amendments.) DATE

12. OFFICERS AND DIRECTORS [] DELETE TITLE P CLARK, JOSEPH T 1775 MORIAH WOODS BLVD MEMPHIS TN 38117 [] DELETE TITLE S CLEMENTS, MARY 1775 MORIAH WOODS BLVD MEMPHIS TN 38117 [] DELETE TITLE T MULLEN, DENA 1775 MORIAH WOODS BLVD MEMPHIS TN 38117 [] DELETE TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [X] Change [] Addition 11 TITLE 12 NAME 13 STREET ADDRESS 1805 Moriah Woods Blvd 14 CITY-ST-ZIP 21 TITLE [X] Change [] Addition 22 NAME 23 STREET ADDRESS 1805 Moriah Woods Blvd 24 CITY-ST-ZIP 31 TITLE [X] Change [] Addition 32 NAME 33 STREET ADDRESS 1805 Moriah Woods Blvd 34 CITY-ST-ZIP 41 TITLE [] Change [] Addition 42 NAME 43 STREET ADDRESS 700002796787-9 44 CITY-ST-ZIP -03/05/99-0119-024 ****150.00 ****150.00 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

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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/99 (901) 761-7000 Daytime Phone #