

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 18 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 025041

1. Corporation Name

Response Oncology of Ft. Lauderdale, Inc.

2. Principal Office Address

1805 MORIAN WOODS BLVD

Suite, Apt. #, etc.

City & State

MEMPHIS TN

Zip

38117

Country

USA

3. Mailing Office Address

1805 MORIAN WOODS BLVD

Suite, Apt. #, etc.

City & State

MEMPHIS TN

Zip

38117

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/12/1979

5. FEI Number

59-1913523

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THE PRENTICE HALL CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1201 NAUS STREET

Suite, Apt. #, Etc.

SUITE 105

City

TALLAHASSEE

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

BRIAN COURTNEY, ASST. VP.

REGISTERED AGENT MUST SIGN

Date

10/15/2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LANTACCHIA, ANTHONY M.	1805 MORIAN WOODS BLVD	MEMPHIS TN 38117
S	McDONOUGH, PATRICK J.	1805 MORIAN WOODS BLVD	MEMPHIS TN 38117
			LS

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Patrick J. McDonough

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/00

Date

901-761-7000

Daytime Phone #

CR2E081 (9/99)