## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 13, 2002 8:00 am Secretary of State DOCUMENT # 625541 1. Entity Name RESPONSE ONCOLOGY OF FT. LAUDERDALE, INC. 05-13-2002 90162 002 \*\*\*150.00 Principal Place of Business Mailing Address 1805 MORIAH WOODS BLVD. 1805 MORIAH WOODS BLVD. MEMPHIS TN 38117 MEMPHIS TN 38117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1913523 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE HALL CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete ΝĐ CR2E034 (9/01) Addition ☐ Change LAMACCHIA, ANTHONY M Chuck Sweet NAME 1805 moriah woods Blud STREET ADDRESS 1805 MORIAH WOODS BLVD STREET ADDRESS CITY-ST-ZIP MEMPHIS TN 38117 CITY-ST-ZIP Memohis. Tn 38117 Delete TITLE Change ☐ Addition NAME MCDONOUGH, PATRICK J NAME STREET ADDRESS 1805 MORIAH WOODS BLVD STREET ADDRESS CITY-ST-ZIP MEMPHIS TN 38117 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATCHE EQUIRED POR STORK

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

901-761-7000

Daytime Phone

FILED