

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F96000001774**

1. Corporation Name

**RESPONSE ONCOLOGY MANAGEMENT OF SOUTH FLORIDA, I  
NC.**

Principal Place of Business

**1775 MORIAH WOODS BLVD.  
MEMPHIS TN 38117**

Mailing Address

**1775 MORIAH WOODS BLVD.  
MEMPHIS TN 38117**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **1805 Moriah Woods Blvd**

27 Suite, Apt. #, etc.

28 **Memphis Tn**

29 **38117** 30 **US**

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORP. SYSTEM INC  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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 or printed name of registered agent; and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	[ ] DELETE
NAME	<b>CLARK, JOSEPH T</b>	
STREET ADDRESS	<b>1775 MORIAH WOODS BLVD</b>	
CITY-ST-ZIP	<b>MEMPHIS TN 38117</b>	
TITLE	<b>S</b>	[ ] DELETE
NAME	<b>MARY CLEMENTS</b>	
STREET ADDRESS	<b>1775 MORIAH WOODS BLVD</b>	
CITY-ST-ZIP	<b>MEMPHIS TN 38108</b>	
TITLE	<b>T</b>	[ ] DELETE
NAME	<b>DENA MULLEN</b>	
STREET ADDRESS	<b>1775 MORIAH WOODS BLVD</b>	
CITY-ST-ZIP	<b>MEMPHIS TN 38108</b>	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change [ ] Addition
12 NAME	
13 STREET ADDRESS	<b>1805 Moriah Woods Blvd</b>
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change [ ] Addition
22 NAME	
23 STREET ADDRESS	<b>1805 Moriah Woods Blvd</b>
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change [ ] Addition
32 NAME	
33 STREET ADDRESS	<b>1805 Moriah Woods Blvd</b>
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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**-03/05/99 - 01119--023**  
**\*\*\*\*150.00 \*\*\*\*150.00**

*Handwritten signature and initials*

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Handwritten date: 2/23/99*

**(901) 761-7000**

CR2E034 (11/98)