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
4 Cornoration Name		1 00000001717

RESPONSE ONCOLOGY MANAGEMENT OF SOUTH FLORIDA, I $\mathbf{NC}.$

Principal Plac	e of Business	Mailing Address				a idanida ania idina dilini edili eelin deini e	Dill MAIDI IEDII 1884 1801 9101 9101 1603
1775 MORIAH	WOODS BLVD.	1775 MORIAH WOODS BLVD.					
MEMPHIS TN 3	18 117	MEMPHIS TN 38117					
						DO NOT WRITE IN T	HIS SPACE
						3. Date Incorporated or Qualifed	
						03/19/1996	
2. Principal F	lace of Business	2a. Mailing Address		۸.		4. FEI Number	Applied For
21		26 1805 Morish	ω_{cod}	, ISIV	iq	62-1603099	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired []	\$8.75 Additional
22		27			1	S. Es bette of country examples	Fee Required
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00 May Be
23		28 Memphis To				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country			8. This corporation owes the current year	_ ~
24	25	29 38117 3	∖ŲS			Personal Property Tax.	Diyes [No
	9. Name and Address of Current	t Registered Agent		,	1	0. Name and Address of New Register	ed Agent
TUC	PRENTICE HALL CORP. SYSTEM	4 INC	81	Name			
	PHENTICE HALL CORP. STSTEM I HAYS STREET	I INC	82	Street	Address	(P.O. Box Number is Not Acceptable)	
	E 105		i				
			83				
IALI	AHASSEE FL 32301		84	City			leal all all all all
			84	City		F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	i e-named -	corporati	ion submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was auth	orized by	the corpo	oration's	board of directors. I hereby accept the ap-	pointment as registered
_	m ismiss with site accept the congaci	10/13 OF, Section 607.0303, 110/10.	1 Statutes				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE Re	gistered Agen	l signature n	resilio di who	m feorolatical DAN	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	Р	["] DELETE	1.1 THILE	[[X i Change ☐ J Addition
NAME	CLARK, JOSEPH T		1.2 NAME				A
STREET ADDRESS	1775 MORIAH WOODS BLVD		13 STREET	ADDRESS	1805	morian woods Blud	
CITY-ST-ZIP	MEMPHIS TN 38117		14 CHTY-ST			• • • • • • • • • • • • • • • • • • • •	
TITLE	S	[DELETE	21 TITLE	-211	ł		MChange [] Addition
NAME	MARY CLEMENTS	2., 2541.5	2.2 NAME				XI orange [] regulation
	1775 MORIAH WOODS BLVD		•	1000000	1805	morial Woods Brud	
STREET ADDRESS	MEMPHIS TN 38108	j	23 STREET	,,,,,,,,,	, 500		
CITY-\$T-ZIP	T 7	[] DELETE	2 4 CITY-S	I-7IP			F13.575
	DEATA AND LEEK	E'l pere le	3 1 TITLE				Change [] Addition
NAME	DENA MULLEN		3 2 NAME	ł		O. A.	
STREET ADDRESS	1775 MORIAH WOODS BLVD				1802	moriah Woods Blud	
CITY-ST-ZIP	MEMPHIS TN 38108		34 CITY-5	F-269			
TITLE *		E. I DELFTE	4 1 THEF				[] Change [] Addition
NAME			4 2 NAME			500002799 -03/05/99-	5 <u>7,8</u> 55
STREET ADDRESS			43\$THEFT	ATIDRESS		-03/05/99-	-01119023
CITY- T-ZIP			44 CITY-ST	261		****150.0	3 ****150.00
TITLE		[] DELETE	5 1 TITLE	İ			[] Change [] Addition
NAME			5.2 NAME				
STREET ADDRESS			53STREET	ADDRESS			
CITY-ST-ZIP			54 CiTY-ST	·Zifi			W WOI
TITLE		filesere	S I TITLE				N N J DAY

14. Thereby 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 logal 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.

63 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

173/99

(901)761-7000

R2E034 (11/98)