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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # G16016

(9)

ROSENBERG & KALMAN, M.D., P.A.

RESPONSE ONCOLOGY O	F TAMARAC, INC.	
Principal Place of Business	Mailing Address	E LEBUSH ORDER HIND BEINN DOING HIND ONLY BUDDE OF OUR HINDS OF OUR BUDDE OUR BUDDE OF OUR BUDDE OUR BUDDE OF OUR BUDDE OU
7421 N UNIVERSITY DR SUITE 107 TAMARAC FL 33321	7421 N UNIVERSITY DR SUITE 107 TAMARAC FL 33321-2952	

7421 N UNIVI SUITE 107 TAMARAG FL		7421 N UNIVERSITY DR SUITE 107 TAMARAC FL 33321-2952		3. Date Incorporated or Qualified 11/24/1982	3a. Date of Last Report 04/30/1996
2 Districts at 1	Place of Business	2a. Mailing Address		4. FEI Number	
	riace of business	26. Making Address		59-2235709	Applied For Not Applicable
Suite, Apt	# oto	Suite, Apt. #, etc.		39 2233709	ee 75
22	. H. C.O.	27		5. Certificate of Status Desired	Fee Required
City & Str	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	B. This corporation has liability for	
24	25	29	30		] Yes █ No
	9. Name and Address of Curi	rent Registered Agent		10. Name and Address of New R	egistered Agent
RO	SENBERG, ABRAHAM M.D.		B1 Nam	ne	
	21 N UNIVERSITY DR		82 Stre	et Address (P.O. Box Number is Not Accepta	bio)
	ITE 107		92 346	at Address (F.O. box Number is Not Accepta	DIE)
	MARAC FL 33321		83		
			-		
<b>h</b>			84 City		FL 85 Zip Code
office or agent 1: SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the ob-			ed corporation submits this statement for the orporation's board of directors. I hereby acce	pt the appointment as registered
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
IIILE	DPS	X DELETE	1.5 TITLE	· · · · · · · · · · · · · · · · · · ·	Change X Addition
NAME	ROSENBERG, ABRAHAM MC		1.2 NAME	P/D	
STREET ADDRESS			1.3 STREET ADDRES	Joseph Clark	
City-ST-7iP	CORAL SPGS, FL 00000	•	1.4 CITY-ST-ZIP	1775 Moriah Wood Blvd.	
TITLE	1	X DELETE	2.1 TITLE	S/D	Change Addition
NAME	ROSENBERG, ABRAHAM MC	•	2.2 NAME	Mary Clements	
STREET ADDRESS			2.3 STREET ADDRES		l.
CITY - ST - ZIF	CORAL SPGS, FL 00000	•	2. 4 CITY-ST-ZIP	Memphis, TN 38117	•
TILE	0	A DELETE	3.1 TITLE		Change A Addition
NAME	KALMAN, ALFRED M.		3.2 NAME	T/D Dena Mullen	Will willing with Harrison
STREET ADDRESS	AREAS OF ASSIS DO		3.3 STREET ADDRES	T   T   T   T   T   T   T   T   T   T	•
CHY-SI-Z#	CORAL SPRINGS FL		3.4. CITY - ST - ZIP	11/2 HOLTEN MOORD DIAC	•
Till		DELETE	4.1 TOTLE	Memphis, TN 38117	Change Addition
NAME		B-000	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRES	s	
CHY-SI-ZIP			4.4 CITY - ST - ZIP		11
11711		DELETE	51 TITLE		A Change Addition
NAME			5.2 NAME		I hilling
STREET ADORESS	4		5.3 STREET ADDRES	2	41 141/18/7
CHY-SI-76			5.4 CiTY+ST-ZIP	~	111 1409
Tifut		DELETE	6.1 TITLE		hange Addition
NAMÉ			6.2 NAME	1 <u>000021</u> 5	<u>ॖ</u> ज़ॣॶऻॱ
STREET ADDRESS			6.3 STREET ADDRES	10000215	19026
City - St - 7iP			6.4 CITY-ST-ZIP	***173.75	
OH 1 0 1 1 11	1		■ 0.7 OITT 0114IF	•	

14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 (3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental infinial report is five and accurate and that my sign and that my sign and the same legal effect as if made under oath; that I am an officer or director of the composition of the compositi

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-14

Daytime Phone #

**FILED** 

Apr 28 1997 8:00am

Secretary of State