

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 # G16016

1. Corporation Name

RESPONSE ONCOLOGY OF TAMARAC, INC.

Principal Place of Business

7421 N UNIVERSITY DR
SUITE 107
TAMARAC FL 33321

Mailing Address

7421 N UNIVERSITY DR
SUITE 107
TAMARAC FL 33321

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

7421 N University, Ste 110

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ROSENBERG, ABRAHAM M.D.
7421 N UNIVERSITY DR
SUITE 107
TAMARAC FL 33321

81 Name

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

83 7421 N. University Ste 110

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 fee, if applicable

(NOTE: Registered Agent's signature required when fee is \$0.00)

DATE

12. OFFICERS AND DIRECTORS

TITLE [] DELETE

NAME

PO
CLARK, JOSEPH
1775 MORIAH WOODS BLVD.
MEMPHIS TN 38117

TITLE [] DELETE

NAME

SD
CLEMENTS, MARY
1775 MORIAH WOODS BLVD.
MEMPHIS TN 38117

TITLE [] DELETE

NAME

TD
MULLEN, DENA
1775 MORIAH WOODS BLVD.
MEMPHIS TN 38117

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 [X] Change [] Addition

12 NAME

13 STREET ADDRESS 1805 moriah woods Blvd

14 CITY-ST-ZIP

21 TITLE [X] Change [] Addition

22 NAME

23 STREET ADDRESS 1805 moriah woods Blvd

24 CITY-ST-ZIP

31 TITLE [X] Change [] Addition

32 NAME

33 STREET ADDRESS 1805 moriah woods Blvd

34 CITY-ST-ZIP

41 TITLE [] Change [] Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

900002796779-4
03/05/99-01119-021
****150.00 ****150.00

Signature

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:

Dena Mullen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99

(901) 761-7000

CR2E034 (11/98)

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