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		410010	

RESPONSE ONCOLOGY OF TAMARAC, INC.

Principal Plac	e of Business	Mailing Address			
7421 N UNIVER	rsity dr	7421 N UNIVERSITY OR			
SUITE 107 TAMARAC FL :	22221	SUITE 107 TAMARAC FL 33321			DO NOT WRITE IN THIS SPACE
INMARAO FE	35321	IMMANAO FE 33321			3. Date Incorporated or Qualifed
ľ					11/24/1982
2 Principal P	Place of Business	2a. Mailing Address			4. FE1 Number Applied For
21	ide di pasmos	26 7421 N Universi	ک < ب	- 110	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Suite, Apt.	#. etc.	Suite, Apt #, etc	ייכינאיי	ב ווט	\$8.75 Additional
22		27			5, Certificate of Status Desired [Fee Required
City & Stat	le	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible
24	[25]	29	o!		Personal Property Tax Yes [INo
	9. Name and Address of Current I	Registered Agent	´´		10. Name and Address of New Registered Agent
			81	Name	
	SENBERG, ABRAHAM M.D.		82	Strool	Address (P.O. Box Number is Not Acceptable)
	1 N UNIVERSITY DR		02	M2	1 N. University Ste 110
	TE 107		83	,	
TAM	IARAC FL 33321			ο	
			84	City	FI 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 r	registered agent, or both, in the State of im familiar with, and accept the obligatio	Florida, Such change was auth us of Section 607 0505, Florida	iorized by a Statutes	the corpo	oration's board of directors. Thereby accept the appointment as registered
_	gete				
SIGNATURE	Signature, typed or pricted name of registered agent a	nd tite ill applicable (NOTE Re	gestere (LA)jen	is paramen	regree Weet for Strings
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	(") DELETE	13 TOLE		Change [] Addition
NAME	CLARK, JOSEPH		1.2 NAM	J	
STREET ADDRESS	1775 MORIAH WOODS BLVD.		13 STREET	ADORESS	1805 morish woods blud
CITY-ST-ZIP	MEMPHIS TN 38117		14 Cit Y-S1	-Zu'	
TITLE	SD	C) DELETE	2.1 Title		Change [] Addition
NAME	CLEMENTS, MARY	·	2.2 NAME		
STREET ADDRESS	1775 MORIAH WOODS BLVD.		23 STREET	ADDRESS.	1805 Moriah woods Blud
CITY-ST-ZIP	MEMPHIS TN 38117		2.4 CHY-S	1-200	
TITLE	TD	[] DELETE	3 1 THEF	İ	Change [] Addition
NAME	MULLEN, DENA		3.7 NAME	ĺ	[
STREET ADDRESS	1775 MORIAH WOODS BLVD.		3.3.51KEFT	ADDRESS	1805 Moirah Lacods Blud
CITY-ST-ZIP	MEMPHIS TN 38117		34 City-S		
T JR E		[] DELETE	4.1 TITLE	Ţ	[] Change [] Addition
N ME		°	4 2 NAME		
S REET ADDRESS			43STREET	ADDRESS	900002200220224
CITY-ST-ZIP	}		4.4 City-S1	,	900002796779 4 -03/05/9301119021
TITLE		[DELETE	5.1.1HLE	· · · · · · · · · · · · · · · · · · ·	****150.00 [* \$***150_00***
NAME			5.2 NAME		*****150.00 ****158200
STREET ADDRESS			53\$*REET	ADDRESS	ζ (Λοζ)
City-St-ZiP			54 CITY-ST	-245	W ~ W
TITUE		[DELETE	€ 1 THLE	Ì	Charle []Addton
NAME		<u>-</u> .	6.2 NAME	1	7
STREET ADDRESS			63STREET	ADORESS	,

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 furstee empowered the strength of the same logal effect as if made under oath, that I am an Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DICHTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/33/99 ...

(901)761-7000

CR2E034 (11/98)