

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

FILED  
May 18 1998 8:00am  
Secretary of State

• PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J18377 (8)**  
1. Corporation Name  
**RESPONSE ONCOLOGY OF THE TREASURE COAST, INC.**



Principal Place of Business <b>1801 SE HILLMOOR DR., B101 PORT ST. LUCIE FL 34952</b>	Mailing Address <b>1801 SE HILLMOOR DR., B101 PORT ST. LUCIE FL 34952</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		3. Date Incorporated or Qualified <b>06/02/1986</b>	
		4. FEI Number <b>59-2678448</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**COLLIN, ALAN S., M.D.  
1801 SE HILLMOOR DR., B101  
PORT ST. LUCIE FL 34952**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 607.0506, Florida Statutes.

SIGNATURE

Signature of person or professional registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLIN, ALAN S.</b>	1.2 NAME	<b>Joseph T. Clark</b>
STREET ADDRESS	<b>1801 SE HILLMOOR DR., B-101</b>	1.3 STREET ADDRESS	<b>1775 Moriah Woods Blvd</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>	1.4 CITY-ST-ZIP	<b>Memphis, Tn 38108</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WERTHEIM, MICHAEL S</b>	2.2 NAME	<b>Mary Clements</b>
STREET ADDRESS	<b>1801 SE HILLMOOR DR., B-101</b>	2.3 STREET ADDRESS	<b>1775 Moriah Woods Blvd</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>	2.4 CITY-ST-ZIP	<b>Memphis Tn 38108</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IANNOTTI, NICHOLAS O.</b>	3.2 NAME	<b>Dena Mullen</b>
STREET ADDRESS	<b>1801 SE HILLMOORE DR., B-101</b>	3.3 STREET ADDRESS	<b>1775 Moriah Woods Blvd</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>	3.4 CITY-ST-ZIP	<b>Memphis Tn 38108</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE *Dena Mullen*

*4/24/98 9:01 PM*

CR2E034 (10/97)