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

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J18377**

1. Corporation Name
RESPONSE ONCOLOGY OF THE TREASURE COAST, INC.

Principal Place of Business	Mailing Address
1801 SE HILLMOOR DR., B101 PORT ST. LUCIE FL 34952	1801 SE HILLMOOR DR., B101 PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/02/1986

4. FEI Number
59-2678448
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 title if applicable (NOTE: Required if agent is changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	[ ] DELETE	11 TITLE	[X] Change	[ ] Addition
NAME	JOSEPH T CLARK		12 NAME		
STREET ADDRESS	1775 MORIAH WOODS BLVD		13 STREET ADDRESS	1805 Moriah Woods Blvd	
CITY-ST-ZIP	MEMPHIS TN 38108		14 CITY-ST-ZIP		
TITLE	S	[ ] DELETE	21 TITLE	[X] Change	[ ] Addition
NAME	MARY CLEMENTS		22 NAME		
STREET ADDRESS	1775 MORIAH WOODS BLVD		23 STREET ADDRESS	1805 Moriah Woods Blvd	
CITY-ST-ZIP	MEMPHIS TN 38108		24 CITY-ST-ZIP		
TITLE	T	[ ] DELETE	31 TITLE	[X] Change	[ ] Addition
NAME	DENA MULLEN		32 NAME		
STREET ADDRESS	1775 MORIAH WOODS BLVD		33 STREET ADDRESS	1805 Moriah Woods Blvd	
CITY-ST-ZIP	MEMPHIS TN 38108		34 CITY-ST-ZIP		
TITLE		[ ] DELETE	41 TITLE	[ ] Change	[ ] Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		[ ] DELETE	51 TITLE		
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[ ] DELETE	61 TITLE	[ ] Change	[ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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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

2/22/99 (901)761-7000
DATE Daytime Phone #