

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

FILED

Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P11993 (3)

1. Corporation Name  
RESPONSE ONCOLOGY, INC.



Principal Place of Business  
1775 MORIAH WOODS BLVD.  
MEMPHIS TN 38117  
US

Mailing Address  
1775 MORIAH WOODS BLVD  
MEMPHIS TN 38117-7135  
US

3. Date Incorporated or Qualified  
11/21/1986

3a. Date of Last Report  
05/01/1996

4. FEI Number  
62-1212264

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

25 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent  
THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME WEST, WILLIAM H.

STREET ADDRESS 1775 MORIAH WOODS BLVD

CITY-ST-ZIP MEMPHIS TN

TITLE PDT ☐ DELETE

NAME CLARK, JOSEPH T.

STREET ADDRESS 1775 MORIAH WOODS BLVD.

CITY-ST-ZIP MEMPHIS TN 38117

TITLE VC ☐ DELETE

NAME BUMSTEAD, FRANK M.

STREET ADDRESS 1700 HAYES ST

CITY-ST-ZIP NASHVILLE TN

TITLE D ☐ DELETE

NAME GRANT, W. THOMAS, II

STREET ADDRESS 2600 GRAND AVE. #500

CITY-ST-ZIP KANSAS CITY MO

TITLE D ☐ DELETE

NAME BOVENDER, JACK

STREET ADDRESS 520 BELLE MEADE BOULEVARD

CITY-ST-ZIP NASHVILLE TN

TITLE AS ☒ DELETE

NAME JOHNSON, DARYL P

STREET ADDRESS 1775 MORIAH WOODS BLVD.

CITY-ST-ZIP MEMPHIS TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 included 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: *Joseph T. Clark* Joseph T. Clark 1/22/97 901-761-7000

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)