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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P11993

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
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 1805 Moriah Woods Blvd

27 Suite, Apt. #, etc.

28 City & State

29 Memphis Tn

30 38117 US

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

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

83

84 City

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1986

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 owes the current year Intangible
Personal Property Tax

X Yes [] No

10. Name and Address of New Registered Agent

300002796783--2
-03/05/99--01119--022
***150.00 ***150.00

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, if applicable,

(NOTE: Registered Agent signature required when not a change)

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 S [] DELETE

NAME MARY CLEMENTS
STREET ADDRESS 1775 MORIAH WOODS BLVD
CITY-ST-ZIP MEMPHIS TN 38108

TITLE T [] DELETE

NAME DENA MULLEN
STREET ADDRESS 1775 MORIAH WOODS BLD
CITY-ST-ZIP MEMPHIS TN 38108

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

X Change [] Addition

11 TITLE
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 [] Change [] Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE [] Change [] Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE X Change [] Addition

52 NAME
53 STREET ADDRESS 1805 Moriah Woods Blvd
54 CITY-ST-ZIP

61 TITLE X Change [] Addition

62 NAME
63 STREET ADDRESS 1805 Moriah Woods Blvd
64 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)(b), 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

2/23/99

(901) 761-7000

CR2E034 (11/98)