

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P11993

1. Entity Name

RESPONSE ONCOLOGY, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90429 009 ***150.00

Principal Place of Business

1775 MORIAH WOODS BLVD.
 MEMPHIS TN 38117
 US

Mailing Address

1805 MORIAH WOODS BLVD
 MEMPHIS TN 38117-7119
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1212264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete
 NAME WEST, WILLIAM H
 STREET ADDRESS 1805 MORIAH WOODS BLVD
 CITY-ST-ZIP MEMPHIS TN

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PDT ☒ Delete
 NAME CLARK, JOSEPH T
 STREET ADDRESS 1805 MORIAH WOODS BLVD.
 CITY-ST-ZIP MEMPHIS TN 38117

TITLE P/D ☐ Change ☐ Addition
 NAME LaMarchia, Anthony
 STREET ADDRESS 1805 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 ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME GRANT, W. THOMAS II
 STREET ADDRESS 2600 GRAND AVE. #500
 CITY-ST-ZIP KANSAS CITY MO

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S ☒ Delete
 NAME CLEMENTS, MARY
 STREET ADDRESS 1805 MORIAH WOODS BLVD
 CITY-ST-ZIP MEMPHIS TN 38108

TITLE S ☐ Change ☐ Addition
 NAME McDonough, Patrick
 STREET ADDRESS 1805 Moriah Woods Blvd
 CITY-ST-ZIP Memphis Tn 38117

TITLE T ☒ Delete
 NAME MULLEN, DENA
 STREET ADDRESS 1805 MORIAH WOODS BLD
 CITY-ST-ZIP MEMPHIS TN 38108

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

901-761-7000

Daytime Phone #

CR2E034 (9/99)