SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED

96 JAN 19 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900001714609
-02/14/96--01047--006
****225.00 ****225.00

DOCUMENT # P93000018797

1. Corporate Name

SOUTH FLORIDA RESPONSE ONCOLOGY, INC.

Principal Place of Business	Mailing Address
8720 N. Kendall Dr. Suite 210 Miami, FL 33176	8720 N. Kendall Dr. Suite 210 Miami, FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3/11/93
3a. Date of Last Report: 2/20/95

2. Principal Place of Business	2a. Mailing Address
21 8940 N. Kendall Drive	26 8940 N. Kendall Drive
Suite/Apt. #/C/O 22 Suite 300-E	Suite/Apt. #/C/O 27 Suite 300-E
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip: 24 33176 Country: 25 US	Zip: 29 33176 Country: 30 US

4. FEI Number: 65-0391498 — [ ] 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 authority to do intangible tax under s. 199.032, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

CHASE, ALAN R.
9400 S. Dadeland Boulevard, Suite 600
Miami, FL 33156

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 607.0505 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	P/D [X] Change [ ] Add/Delete
12 NAME	CLARK, JOSEPH T.
13 STREET ADDRESS	1775 Moriah Woods Boulevard
14 CITY ST ZIP	Memphis, TN 38117
21 TITLE	S/T/D [X] Change [ ] Add/Delete
22 NAME	JOHNSON, DARYL P.
23 STREET ADDRESS	1775 Moriah Woods Boulevard
24 CITY ST ZIP	Memphis, TN 38117
31 TITLE	[X] Change [ ] Add/Delete
32 NAME	
33 STREET ADDRESS	THERE ARE NO OTHER OFFICERS OR
34 CITY ST ZIP	DIRECTORS.
41 TITLE	[ ] Change [ ] Add/Delete
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	[ ] Change [ ] Add/Delete
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	[ ] Change [ ] Add/Delete
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

1/19/96

CR2E034 (3/95)

14. I hereby certify that the information supplied with this filing, and any attachments voluntarily furnished, 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 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 with an address.

SIGNATURE: Daryl P. Johnson, Sec/Treas. 1/2/96 (901)7617000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number