

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **PA300000B-797**

1. Corporation Name

South Florida Response Oncology Inc.

**FILED**

98 JUN 24 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8940 N. Kendall Dr #3406 East Tower  
Miami, FL 33176

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/20/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0391498

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Joseph T. Clark	1775 Moriah Woods Blvd	Memphis, TN 38117
S	Mary Clements	1775 Moriah Woods Blvd	Memphis, TN 38117
T	Dena Mullen	1775 Moriah Woods Blvd	Memphis, TN 38117
<b>REINSTATEMENT 96-98 TS</b>			
6/24			

8. Name and Address of Current Registered Agent

The Prentice Hall Corporation System Inc.  
1201 Hays St.  
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name **600002572746--6**  
-06/25/98--01093--004  
Street Address (P.O. Box Number is Not Accepted) **\*\*\*\*900.00 \*\*\*\*900.00**  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]* Controller 1201  
REGISTERED AGENT MUST SIGN

Date **06/12/98**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Dena Mullen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/98  
Date

901-761-7000  
Daytime Phone #