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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000018797

1. Corporation Name

SOUTH FLORIDA RESPONSE ONCOLOGY, INC.

Principal Place of Business

8940 N KENDALL DR
#3006 EAST TOWER
MIAMI FL 33176
US

Mailing Address

8940 N KENDALL DR
#3006 EAST TOWER
MIAMI FL 33176
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM INC
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent Signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

CLARK, JOSEPH T

STREET ADDRESS

1775 MORIAH WOODS BLVD.

CITY-ST-ZIP

MEMPHIS TN 38117

TITLE

S

NAME

CLEMENTS, MARY

STREET ADDRESS

1775 MORIAH WOODS BLVD.

CITY-ST-ZIP

MEMPHIS TN 38117

TITLE

T

NAME

MULLEN, DENA

STREET ADDRESS

1775 MORIAH WOODS BLVD.

CITY-ST-ZIP

MEMPHIS TN 38117

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

X Change [] Addition

1805 Moriah Woods Blvd

X Change [] Addition

1805 Moriah Woods Blvd

X Change [] Addition

1805 Moriah Woods Blvd

[] Change [] Addition

800002796768--8

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****150.00 [] Change [] Addition

3209

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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

2/23/99

(901) 761-7000

025-6885

CR2E034 (11/98)