## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000018797

1. Corporation Name

SOUTH FLORIDA RESPONSE ONCOLOGY, INC.

Principal Place of Business		Mailing Address		
8940 N KENDALL DR		8940 N KENDALL DR		
#3006 EAST TOWER MIAMI FL 33176		#3006 EAST TOWER MIAMI FL 33176		DO NOT WRITE IN THIS SPACE
US		US		3. Date Incorporated or Qualified
		••		03/11/1993
2. Principal P	lace of Business	2a, Mailing Address		4. Ft: Number Applied For
21		26		65-0391498 Not Applicable
Suite, Apt.	#, e1c	Suite, Apt. #, etc.		\$8.75 Additional
22		27		5. Certificate of Status Desired [ ] Fee Required
City & State		City & State		6. Election Campaign Financing , \$5.00 May Be
23		28		Trust Fund Contribution L Added to Fees
Zip	Country	Ζφ	Country	8. This corporation owes the current year Intangible
24	25	29	30	Personal Property Tax [ ] Yes [ ] No
	9. Name and Address of Curren	Registered Agent		10. Name and Address of New Registered Agent
THE	PRENTICE HALL CORPORATION	CVCTELL INC	81 Name	
	I HAYS STREET	SISTEM INC	82 Street	Address (P.O. Box Number is Not Acceptable)
	AHASSEE FL 32301		ļ <u>.</u>	and the second of the second o
IALL	ALLASSEE FE S2501		83	
			84 City	<b>85</b> Zip Code
office or r agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligated and accept the obligated are supported by the control of th	of Florida. Such change was au ions of, Section 607.0505, Flori	ithorized by the corpo ida Statutes	corporation submits this statement for the purpose of changing its registered oration's board of directors. Thereby accept the appointment as registered
	Signature, by,ed or printed name of registered agent	and the second of the second o	Re-pistered Ages t segnations r	the state of the s
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P CLARK ACCEPT	[   DELETE	11 THLE	Change [   Addition
NAME	CLARK, JOSEPH T		1.2 NAME	1805 mariah Woods Blud
STREET ADDRESS	1775 MORIAH WOODS BLVD.		13 STREET ADDRESS	1802 mariery and PMO
CITY-ST-ZIP	MEMPHIS TN 38117	[]DELETE	14 Ciř V-ST Ziř 2 1 DILE	MChange [   Addition
TITLE	I 5	[ ] DELCT		Change [ ] Addition
NAME	CLEMENTS, MARY 1775 MORIAH WOODS BLVD.		2.7 NAME	1805 Moriah Woods Blyd
STREET ADORESS			23 STREET ADDRESS	1802 Westell Moore Old
CITY-ST-ZIP	MEMPHIS TN 38117	EJ DELETE	2 4 GHY+ST+Z#* 3 1 TITLE	MChange [ }Addition
TITLE	ļ <b>*</b>	[ 3 Decene		Montaide [ ] Modition
NAME	MULLEN, DENA 1775 MORIAH WOODS BLVD.		3.2 NAME 3.3 STREET ADDRESS	1805 Maish Woods Blud
STREET ADDRESS	MEMPHIS TN 38117			1805 MOTER WAS DIVE
CITY-ST-ZIP TITLE	MEMPHIS IN SOLL	[   DELETE	34 CITY-ST-ZIFF 41 TITLE	[]Change []Addition
<b>.</b>		( TORKETE		• • • • • • • • • • • • • • • • • • • •
ME			4 2 NAME	8000027967688 -03/05/9301119017
STREET ADDRESS			4.3 STRUE LADORESS	-03/05/9901119017
OTY-ST-ZIP		(,) DELETE	4.4 CIT) -ST-ZIF 5.1 TITLE	****150.00 [*****150,00
	}	(,) Dice.(E	52 NAME	[   Change   [   Modulon
NAME			53 STREET ADDRESS	,
STREET ADORESS			53 STREET PEDERT 55	ري
CITY-ST-ZIP		[] DELETE	61 TIPLE	" D 1 Charles 1 Addition
TITLE		L'i brreit	6 2 NAME	Vigage   Industrial
NAME			63 STREET ADDRESS	36' V
STREET ADORESS	}		6.4 CITY-S1-ZIP	'/
CITY-ST-ZIP	1		■ 0.4 CHT-3HZP'	

14. 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 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: .

0005-125(10P)