

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

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000102706 (4)

1. Corporation Name
QUALITY ONCOLOGY, INC.



Principal Place of Business 1200 SOUTH PINE ISLAND ROAD SUITE 170 PLANTATION FL 33324	Mailing Address 1200 SOUTH PINE ISLAND ROAD SUITE 170 PLANTATION FL 33324-4469
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2. Principal Place of Business 21 200 East Las Olas Blvd. Suite, Apt. #, etc. 22 Suite 2100 City & State 23 Fort Lauderdale, FL Zip 24 33301		2a. Mailing Address 26 200 East Las Olas Blvd. Suite, Apt. #, etc. 27 Suite 2100 City & State 28 Fort Lauderdale, FL Zip 29 33301		3. Date Incorporated or Qualified 12/20/1996		3a. Date of Last Report	
		4. FEI Number 65-0723257		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 liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No					

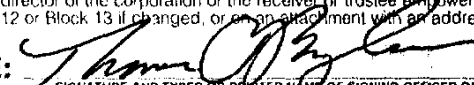
g. Name and Address of Current Registered Agent KT&S REGISTERED AGENT CORPORATION 100 S.E. 2ND STREET 28TH FLOOR MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman, President, CEO ☐ DELETE	1.1 TITLE	Director ☐ Change ☐ Addition
NAME	James G. Schwade, M.D.	1.2 NAME	Albert B. Einstein, DDM
STREET ADDRESS	1390 South Dixie Highway, Suite 1504	1.3 STREET ADDRESS	12962 Magnolia Drive
CITY, ST, ZIP	Coral Gables, FL 33146	1.4 CITY, ST, ZIP	Tampa, FL 33612
TITLE	Secretary ☐ DELETE	2.1 TITLE	Executive Vice President ☐ Change ☐ Addition
NAME	Terry S. Blum, M.D.	2.2 NAME	Tom Bayless
STREET ADDRESS	303 N. Clyde Morris Blvd., P.O. Box 1089	2.3 STREET ADDRESS	200 East Las Olas Blvd., Suite 200
CITY, ST, ZIP	Daytona Beach, FL 32115-1089	2.4 CITY, ST, ZIP	Fort Lauderdale, FL 33301
TITLE	Director ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Warren Ross, M.D.	3.2 NAME	
STREET ADDRESS	UF Shands Cancer Center, P.O. Box 100385	3.3 STREET ADDRESS	
CITY, ST, ZIP	Gainesville, FL 32610-0385	3.4 CITY, ST, ZIP	
TITLE	Director ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Phillip C. Smith, M.D.	4.2 NAME	
STREET ADDRESS	1599 NW 9 Avenue, Suite 201	4.3 STREET ADDRESS	
CITY, ST, ZIP	Boca Raton, FL 33486	4.4 CITY, ST, ZIP	
TITLE	Director ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Bruce D. Green, M.D.	5.2 NAME	
STREET ADDRESS	2815 S. Seacrest Blvd.	5.3 STREET ADDRESS	
CITY, ST, ZIP	Boynton Beach, FL 33435	5.4 CITY, ST, ZIP	
TITLE	Director ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	Michael Koznitsky, Esquire	6.2 NAME	
STREET ADDRESS	One International Plaza, Suite 2800	6.3 STREET ADDRESS	
CITY, ST, ZIP	Miami, FL 33131	6.4 CITY, ST, ZIP	

14. I do 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.

SIGNATURE:  **Tom Bayless** 4/24/97 (904) 423-4817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0005765

CR2E034 (9/96)