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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

DOCUMENT # **P96000102706 (4)**

1. Corporation Name
**QUALITY ONCOLOGY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1200 SOUTH PINE ISLAND ROAD<br>SUITE 170<br>PLANTATION FL 33324 | 1200 SOUTH PINE ISLAND ROAD<br>SUITE 170<br>PLANTATION FL 33324-4469 |

3. Date Incorporated or Qualified: 12/20/1996
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 200 East Las olas Blvd. | 26 200 East Las olas Blvd. |
| Suite, Apt. #, etc.<br>22 Suite 2100 | Suite, Apt. #, etc.<br>27 Suite 2100 |
| City & State<br>23 Fort Lauderdale, FL | City & State<br>28 Fort Lauderdale, FL |
| Zip / Country<br>24 33301 / 25 U.S. | Zip / Country<br>29 33301 / 30 U.S. |

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

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET
28TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (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, MBM | |
| STREET ADDRESS | 1390 South Dixie Highway, Suite 1504 | | 1.3 STREET ADDRESS | 12902 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. Bloom, 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 2100 | |
| CITY-ST-ZIP | Daytona Beach, FL 32115-1089 | | 2.4 CITY-ST-ZIP | Ft. 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 | 8815 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 Place, Suite 2800 | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | Miami, FL 33131 | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

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 (954) 423-4847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0005766