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May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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  
200 E LAS OLAS BLVD.  
2100  
FT. LAUDERDALE FL 33301  
US

Mailing Address  
200 E. LAS OLAS BLVD.  
2100  
FT. LAUDERDALE FL 33301  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/20/1996 4. FEI Number 65-0723257 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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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

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPEO	1.1 TITLE	CPEO
NAME	SCHWADE, JAMES G. M.D.	1.2 NAME	Schwade, James G. M.D.
STREET ADDRESS	1390 S. DRIVE HWY, STE. 1304	1.3 STREET ADDRESS	Two Dorian Center Suite #1528
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	9120 South Dade Blvd Miami, FL 33156-1851
TITLE	S	2.1 TITLE	
NAME	BLOOM, TERRY S. M.D.	2.2 NAME	
STREET ADDRESS	303 N. CLYDE MORRIS BLVD., P.O BOX 1089	2.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	ROSS, WARREN MD	3.2 NAME	
STREET ADDRESS	UF SHANDS CANCER CENTER, P.O. BOX 100385	3.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	D
NAME	SMITH, PHILLIP C. M.D	4.2 NAME	Smith, Phillip, C.M.D
STREET ADDRESS	1599 NW 9 AVE., STE 201	4.3 STREET ADDRESS	800 meadows rd
CITY - ST - ZIP	BOCA RATON FL	4.4 CITY - ST - ZIP	Boca Raton, FL 33486
TITLE	D	5.1 TITLE	
NAME	GREEN, BRUCE D. M.D.	5.2 NAME	
STREET ADDRESS	2815 S. SEACREST BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	D
NAME	KOZNITSKY, MICHAEL ESQ	6.2 NAME	Kosnitsky, Michael ESQ
STREET ADDRESS	ONE INTERNATIONAL PLACE, STE. 2800	6.3 STREET ADDRESS	100 SE 2nd street suite 2800
CITY - ST - ZIP	MIAMI FL	6.4 CITY - ST - ZIP	Miami, FL 33131-2144

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

SIGNATURE:

SIGNATURE AND VERIFICATION PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

854-523-7788  
SVP 4/22/98

CR2034 (10/97)