

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S44642

1. Corporation Name

RESPONSE ONCOLOGY OF ST. PETERSBURG, INC.

Principal Place of Business

1201 FIFTH AVENUE NORTH
SUITE 505
ST. PETERSBURG FL 33705

Mailing Address

1201 FIFTH AVENUE NORTH
SUITE 505
ST. PETERSBURG FL 33705

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90076 003 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1991

4. FEI Number

65-0261878

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SCOTT, KEN
6100 HOLLYWOOD, SUITE 426
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name

Ken Scott

82 Street Address (P.O. Box Number is Not Acceptable)

8181 West Broward Blvd

83

Suite 201

84 City

Plantation

FL

85 Zip Code

33324

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/99

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P
JOSEPH T CLARK
1775 MORIAH WOODS BLVD
MEMPHIS TN 38108

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S
MARY CLEMENTS
1775 MORIAH WOODS BLVD
MEMPHIS TN 38108

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T
DENA MULLEN
1775 MORIAH WOODS BLVD
MEMPHIS TN 38108

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1805 Moriah Woods Blvd
Memphis, TN 38117

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1805 Moriah Woods Blvd
Memphis, TN 38117

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1805 Moriah Woods Blvd
Memphis, TN 38117

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Dena Mullen Director of Finance & Treasurers 1/12/99 761-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)