

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**05 MAY -1 PM 9:45**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # H16656 (1)**

1. Corporation Name

**HEMATOLOGY AND ONCOLOGY CONSULTANTS OF BREVARD-  
LEVINE, ZIMM AND SPRAWLS, M.D., P.A.**

Principal Place of Business  
**850 CENTURY MEDICAL DR.  
TITUSVILLE FL 32796**

Mailing Address  
**850 CENTURY MEDICAL DR.  
TITUSVILLE FL 32796**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**08/15/1984**

3a. Date of Last Report  
**03/01/1994**

4. FEI Number  
**59-2438020**

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVINE, RICHARD M., M.D.  
850 CENTURY MEDICAL DR.  
TITUSVILLE FL 32796**

81 Name

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

83

84 City

**FL**

85 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

Signature, typed or printed name of registered agent and the filer, if applicable.

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                  |
|----------------|----------------------------------|
| TITLE          | <b>PS</b>                        |
| NAME           | <b>LEVINE, RICHARD M., MD</b>    |
| STREET ADDRESS | <b>850 CENTURY MEDICAL DR.</b>   |
| CITY, ST, ZIP  | <b>TITUSVILLE FL</b>             |
| TITLE          | <b>D</b>                         |
| NAME           | <b>ZIMM, SOLOMON</b>             |
| STREET ADDRESS | <b>850 CENTURY MEDIAL DRIVE</b>  |
| CITY, ST, ZIP  | <b>TITUSVILLE, FL 32796</b>      |
| TITLE          | <b>D</b>                         |
| NAME           | <b>SPRAWLS, R. D</b>             |
| STREET ADDRESS | <b>850 CENTURY MEDICAL DRIVE</b> |
| CITY, ST, ZIP  | <b>TITUSVILLE FL</b>             |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY, ST, ZIP  |                                  |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY, ST, ZIP  |                                  |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY, ST, ZIP  |                                  |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY, ST, ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY, ST, ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY, ST, ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY, ST, ZIP  |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY, ST, ZIP  |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY, ST, ZIP  |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:**

*Richard M. Levine*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature) Please Print