


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # H16656**

1. Entity Name  
**HEMATOLOGY AND ONCOLOGY CONSULTANTS OF BREVARD- LEVINE, ZIMM, SPRAWLS AND CASTRO, 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**



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2438020	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

00000105874  
 04/07/04-80045-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	LEVINE, RICHARD M., MD
STREET ADDRESS	850 CENTURY MEDICAL DR.
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	D
NAME	ZIMM, SOLOMON
STREET ADDRESS	850 CENTURY MEDIAL DRIVE
CITY-ST-ZIP	TITUSVILLE, FL 32796,
TITLE	D
NAME	SPRAWLS, R. D
STREET ADDRESS	850 CENTURY MEDICAL DRIVE
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	D
NAME	CASTRO, JUAN L
STREET ADDRESS	485 RIVER MOORINGS DR
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard M. Levine Date: 3/26/04 321-268-4200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

RICHARD M LEVINE MD