


**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	



03162004 No Chg-P CR2E034 (10/03)

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

DO NOT WRITE IN THIS SPACE

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

**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**

**000000105874
04/07/04-80045-019 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LEVINE, RICHARD M., MD 850 CENTURY MEDICAL DR. TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMM, SOLOMON 850 CENTURY MEDIAL DRIVE TITUSVILLE, FL 32796,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRAWLS, R. D 850 CENTURY MEDICAL DRIVE TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTRO, JUAN L 485 RIVER MOORINGS DR 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: *R. Levine* **3/26/04 321-268 4200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RICHARD M LEVINE MD