

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 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**



02112006 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-2438020

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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

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, 2006 Fee will be \$550.00**

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

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
**D
DALAL, ASHISH V
5306 ROYAL PADDOCK WY
MERRITT ISLAND, FL 32953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100000460232
03/20/06-80004-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #