2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

Apr 19, 2004 08:00 AM Secretary of State DOCUMENT # P93000013402 1. Entity Name CANCER CARE CENTERS OF BREVARD, INC. Principal Place of Business Mailing Address 1430 S. PINE ST. 1430 S. PINE ST. MELBOURNE, FL 32901 MELBOURNE, FL 32901 04162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3169766 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHARLES, SILAS J DO NOT WRITE 1815 VILLÁ ESPANA TRAIL MELBOURNE, FL FL329-35 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 reinstaling) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSD** TITLE CHARLES, SILAS J NAME U00000118948 1815 VILLA ESPANA TRAIL STREET ADDRESS 04/19/04-80076-021 150.0D CITY-ST-ZIP MELBOURNE, FL 32935 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TIDE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. 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 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

SIGNING OFFICER OR DIRECTOR CHARLES, M.D. **FILED**