2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

DOCUMENT# P93000013402

Entity Name: CANCER CARE CENTERS OF BREVARD, INC.

Current Principal Place of Business:

1430 S. PINE ST.
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1430 S. PINE ST.
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3169766 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHARLES, SILAS J
1815 VILLA ESPANA TRAIL
MELBOURNE, FL FL32935 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CHARLES, SILAS J
Address: 1815 VILLA ESPANA TRAIL
City-St-Zip: MELBOURNE, FL 32935

Title: VPD
Name: SHANKAR, RAVI A
Address: 1430 S. PINE STREET
City-St-Zip: MELBOURNE, FL 32901 US

Title: SD
Name: PALERMO, GIUSEPPE
Address: 1430 S. PINE STREET
City-St-Zip: MELBOURNE, FL 32901 US

Title: TD
Name: ESSEESSE, ISAAC
Address: 1430 S. PINE STREET
City-St-Zip: MELBOURNE, FL 32901 US

Title: D
Name: ALLY, Z. NICOLA
Address: 1430 S. PINE STREET
City-St-Zip: MELBOURNE, FL 32901 US

Title: D
Name: PANARESE, TODD V
Address: 1430 S. PINE STREET
City-St-Zip: MELBOURNE, FL 32901 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SILAS J CHARLES PD 01/06/2011

Electronic Signature of Signing Officer or Director — Date