

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000019782

1. Entity Name
**BREVARD HEMATOLOGY AND ONCOLOGY
CONSULTANTS - LEVINE, ZIMM AND SPRAWLS, M.D.,
P.A.**



Principal Place of Business
**850 CENTURY MEDICAL DRIVE
TITUSVILLE, FL 32796**

Mailing Address
**850 CENTURY MEDICAL DRIVE
TITUSVILLE, FL 32796**



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3436466

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 DRIVE
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEVINE, R M
STREET ADDRESS	1145 SANDPINE CIR
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	D
NAME	ZIMM, S
STREET ADDRESS	933 N. INDIAN RIVER DRIVE
CITY-ST-ZIP	COCOA, FL 32922
TITLE	D
NAME	SPRAWLS, R D
STREET ADDRESS	3675 S. TROPICAL TRAIL
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	D
NAME	CASTRO, JUAN L
STREET ADDRESS	485 RIVER MOORINGS DR
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	DALAL, ASHISH Y
STREET ADDRESS	5306 ROYAL PADDOCK WAY
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	BLAINE, GERMAINE M
STREET ADDRESS	194 SONYA DR
CITY-ST-ZIP	COCOA, FL 32926

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03/11/08-80036-022 150.00

**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 #