

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000019782

FILED  
Feb 05, 2009  
Secretary of State

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

## Current Principal Place of Business:

850 CENTURY MEDICAL DRIVE  
TITUSVILLE, FL 32796

## New Principal Place of Business:

490 N WASHINGTON AVENUE  
TITUSVILLE, FL 32796 US

## Current Mailing Address:

850 CENTURY MEDICAL DRIVE  
TITUSVILLE, FL 32796

## New Mailing Address:

490 N WASHINGTON AVENUE  
TITUSVILLE, FL 32796 US

FEI Number: 59-3436466

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEVINE, RICHARD M M.D.  
850 CENTURY MEDICAL DRIVE  
TITUSVILLE, FL 32796 US

## Name and Address of New Registered Agent:

LEVINE, RICHARD M M.D.  
490 N WASHINGTON AVENUE  
TITUSVILLE, FL 32796 US

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:

02/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LEVINE, R M  
Address: 1145 SANDPINE CIR  
City-St-Zip: TITUSVILLE, FL 32796

Title: D ( ) Delete  
Name: ZIMM, S  
Address: 933 N. INDIAN RIVER DRIVE  
City-St-Zip: COCOA, FL 32922

Title: D ( ) Delete  
Name: SPRAWLS, R D  
Address: 3675 S. TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D ( ) Delete  
Name: CASTRO, JUAN L  
Address: 485 RIVER MOORINGS DR  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D ( ) Delete  
Name: DALAL, ASHISH Y  
Address: 5306 ROYAL PADDOCK WAY  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D ( ) Delete  
Name: BLAINE, GERMAINE M  
Address: 194 SONYA DR  
City-St-Zip: COCOA, FL 32926

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LEVINE, RICHARD M M.D.  
Address: 490 N WASHINGTON AVENUE  
City-St-Zip: TITUSVILLE, FL 32796 US

Title: D (X) Change ( ) Addition  
Name: ZIMM, SOLOMON M.D.  
Address: 490 N WASHINGTON AVENUE  
City-St-Zip: TITUSVILLE, FL 32796 US

Title: D (X) Change ( ) Addition  
Name: SPRAWLS, R. DUFF M.D.  
Address: 490 N WASHINGTON AVENUE  
City-St-Zip: TITUSVILLE, FL 32796 US

Title: D (X) Change ( ) Addition  
Name: CASTRO, JUAN L M.D.  
Address: 490 N WASHINGTON AVENUE  
City-St-Zip: TITUSVILLE, FL 32796 US

Title: D (X) Change ( ) Addition  
Name: DALAL, ASHISH Y M.D.  
Address: 490 N WASHINGTON AVENUE  
City-St-Zip: TITUSVILLE, FL 32796 US

Title: D (X) Change ( ) Addition  
Name: BLAINE, GERMAINE M M.D.  
Address: 490 N WASHINGTON AVENUE  
City-St-Zip: TITUSVILLE, FL 32796 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD M LEVINE

P

02/05/2009

Electronic Signature of Signing Officer or Director

Date