

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
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Division of Corporations
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Account Number : 076077001702
Phone : (407) 041-1200
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE

BREVARD HEMATOLOGY AND ONCOLOGY CONSULTANTS - LEVINE

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December 22, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations
BREVARD HEMATOLOGY AND ONCOLOGY CONSULTANTS - LEVINE, Z
490 N WASHINGTON AVENUE
TITUSVILLE, FL 32796US

SUBJECT: BREVARD HEMATOLOGY AND ONCOLOGY CONSULTANTS - LEVINE, ZIMM AND
SPRAWLS, M.D., P.A.
REF: P97000019782

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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Darlene Connell
Regulatory Specialist III

FAX Aud. #: H15000298787
Letter Number: 915A00026749

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P.O. BOX 6327 - Tallahassee, Florida 32314

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

BREVARD HEMATOLOGY AND ONCOLOGY CONSULTANTS -

1. The name of the corporation: LEVINE, ZIMM AND SPRAWLS, M.D., P.A.
2. The principal office address: 850 CENTURY MEDICAL DRIVE TITUSVILLE, FL 32796
3. The mailing address (if different): P.O. BOX 2608 TITUSVILLE, FL 32781-2608

4. Date of incorporation/qualification: 02/26/1997 Document number: P97000019782
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RICHARD M. LEVINE, M.D.

490 N WASHINGTON AVENUE

TITUSVILLE, FL 32796

6. The name and street address of the new registered agent (If changed) and /or registered office (If changed):

DEAN MEAD SERVICES, LLC

800 N. MAGNOLIA AVENUE, SUITE 1500

P.O. Box NOT acceptable

ORLANDO, FL 32803

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Richard M. Levine, M.D.

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

December 17, 2015

Date

If signing on behalf of an entity:

CLAUDIA HAINES JONES, V.P.

Typed or Printed Name:

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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