

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000013402

Entity Name: CANCER CARE CENTERS OF BREVARD, INC.**Current Principal Place of Business:**1430 S. PINE ST.
MELBOURNE, FL 32901**Current Mailing Address:**1430 S. PINE ST.
MELBOURNE, FL 32901**FEI Number:** 59-3169766**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHANKAR, RAVI A
1430 S PINE STREET
MELBOURNE, FL 32901 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	SHANKAR, RAVI A
Address	1430 S PINE STREET
City-State-Zip:	MELBOURNE FL 32901

Title	VPD
Name	PANARESE, TODD V
Address	215 CONE ROAD
City-State-Zip:	MERRITT ISLAND FL 32952

Title	SD
Name	PALERMO, GIUSEPPE
Address	107 LONGWOOD AVENUE
City-State-Zip:	ROCKLEDGE FL 32955

Title	D
Name	BADOLATO, CRAIG
Address	1430 S. PINE STREET
City-State-Zip:	MELBOURNE FL 32901

Title	D
Name	PICHARDO, DIELY
Address	1430 S. PINE STREET
City-State-Zip:	MELBOURNE FL 32901

Title	D
Name	PANCITO, FE V
Address	1430 S. PINE STREET
City-State-Zip:	MELBOURNE FL 32901

Title	DIRECTOR
Name	TAHN, CARL
Address	107 LONGWOOD AVE
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	SAINI, DALJIT S
Address	1430 S PINE STREET
City-State-Zip:	MELBOURNE FL 32901

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: RAVI A SHANKAR

PD

01/22/2014

Electronic Signature of Signing Officer/Director Detail_____
Date