2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 11, 2024
Secretary of State
4594940746CC

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 US

FEI Number: 59-3169766

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KANCILIA, JOHN R.
2101 WAVERLY PLACE, SUITE 100
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: GIUSEPPE PALERMO, MD 03/11/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

Title	D, PRESIDENT
Name	PALERMO, GIUSEPPE
Address	1048 HARVIN WAY
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR, SECRETARY
Name	CHOPRA, RAHUL R
Address	1430 S. PINE ST.
City-State-Zip:	MELBOURNE FL 32901

Title	DIRECTOR
Name	ROSS, DAVID L
Address	1048 HARVIN WAY
City-State-Zip:	ROCKLEDGE FL 32955

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

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

Title	DIRECTOR
Name	KANCHARLA, VENKAT PAVAN R
Address	20 SAN FILIPPO DRIVE
City-State-Zip:	PALM BAY FL 32909

Title	DIRECTOR
Name	HOANG, GREGORY B
Address	20 SAN FILIPPO DRIVE
City-State-Zip:	PALM BAY FL 32909

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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: GIUSEPPE PALERMO, M.D. PRESIDENT 03/11/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CHANDRA, SUMEET M.D.
Address	2290 W. EAU GALLIE BOULEVARD
City-State-Zip:	MELBOURNE FL 32935