

2021 FLORIDA PROFIT CORPORATION REINSTATEMENT

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****11/17/2021**

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

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

Title DIRECTOR
Name KANCHARLA, VENKAT PAVAN R
Address 1430 S. PINE ST.
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name ROSS, DAVID L
Address 107 LONGWOOD AVE
City-State-Zip: ROCKLEDGE FL 32955

Continues on page 2

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**PRESIDENT****11/17/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HOANG, GREGORY B
Address	1264 MALABAR RD.
City-State-Zip:	PALM BAY FL 32907