FILE NOW: FILING FEE IS $61.25

FILED
Aug 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28193** **(3)**

1. Corporation Name

COASTAL HEALTH SYSTEMS OF BREVARD, INC.

Principal Place of Business	Mailing Address
1535 NO. COGSWELL RD. #C19 P.O. BOX 560386 ROCKLEDGE FL 32955 US	1535 NO. COGSWELL RD. #C19 P.O. BOX 560386 ROCKLEDGE FL 32956-0386 US

3. Date Incorporated or Qualified: **09/02/1988**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21:
22. Suite, Apt. #, etc.:
23. City & State:
24. Zip:
25. Country:

2a. Mailing Address
26:
27. Suite, Apt. #, etc.:
28. City & State:
29. Zip:
30. Country:

4. FEI Number: **59-2908075** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CUNNINGHAM, ROBERT H.
1535 N. COGSWELL
SUITE C-19
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ 8-6-97
Signature of new registered agent and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GARRISON, LARRY		1.2 NAME	
STREET ADDRESS	4395 CROOKED MILE ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, ROD C.E.O.		2.2 NAME	
STREET ADDRESS	951 N. WASHINGTON AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARMAN, ROBERT O.		3.2 NAME	
STREET ADDRESS	8130 S. TROPICAL TR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BLAKE, RICHARD K.		4.2 NAME	
STREET ADDRESS	916 BRUNSWICK LN.		4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STEEL, GEORGE		5.2 NAME	
STREET ADDRESS	761 FLORENCIA CIRCLE		5.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL		5.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ALEXANDER, JULIA		6.2 NAME	
STREET ADDRESS	2507 TERRI LANE		6.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.