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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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: Joan E. Madden
82 Street Address (P.O. Box Number is Not Acceptable): 1535 N. Cogswell
83: Suite C-19
84 City: Rockledge FL 85 Zip Code: 32955

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: Joan E Madden — Joan E. Madden, CEO — 4/30/98
Signature, type or 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	781 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 (10/97)

14. I 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.

SIGNATURE: Julia Alexander — Julia Alexander — 4/30/98 — 407-633-7050 x113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0020221