2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008
Secretary of State

DOCUMENT# N28193

Entity Name: COASTAL HEALTH SYSTEMS OF BREVARD, INC.

Current Principal Place of Business:

486 GUS HIPP BLVD.
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560750
ROCKLEDGE, FL 329560750 US

New Mailing Address:

FEI Number: 59-2908075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCCARTHY, WILLIAM D
3640 WOOD DUCK DRIVE
MIMS, FL 32754 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D/C ( ) Delete
Name: MILLER, EMIL
Address: 110 LONGWOOD AVE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: V/S ( ) Delete
Name: ALEXANDER, JULIA A VP/CFO
Address: 133 EAST GADSDEN LANE
City-St-Zip: COCOA BEACH, FL 32931 US

Title: D ( ) Delete
Name: GARRISON, LARRY
Address: 6450 S. US HIGHWAY 1
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: D ( ) Delete
Name: BULNES, SANTI
Address: 213 BROAD STREET
City-St-Zip: TITUSVILLE, FL 32796 US

Title: P ( ) Delete
Name: MCCARTHY, WILLIAM D CEO
Address: 3640 WOOD DUCK DRIVE
City-St-Zip: MIMS, FL 32754 US

Title: D ( ) Delete
Name: MIKITARIAN, GEORGE
Address: 951 N WASHINGTON AVE
City-St-Zip: TITUSVILLE, FL 32976 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MILLER, EMIL
Address: 110 LONGWOOD AVE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D/C (X) Change ( ) Addition
Name: BULNES, SANTI
Address: 213 BROAD STREET
City-St-Zip: TITUSVILLE, FL 32796 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIA ALEXANDER V/S 02/28/2008
Electronic Signature of Signing Officer or Director — Date