2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2012
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 P/CEO
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
Name: BULNES, SANTI
Address: 2750 SUNRISE DR
City-St-Zip: TITUSVILLE, FL 32780 US

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

Title: D
Name: LEWIS, GEORGE
Address: 380 COURTENAY PARKWAY
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: D
Name: STEELE, KEVIN
Address: 2800 WEST HWY 520
City-St-Zip: COCOA, FL 32926 US

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIA ALEXANDER V/S 04/18/2012

Electronic Signature of Signing Officer or Director Date