2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2014
Secretary of State
CC8469869188

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Entity Name: COASTAL HEALTH SYSTEMS OF BREVARD, INC.

Current Principal Place of Business:

486 GUS HIPP BLVD.
ROCKLEDGE, FL 32955

Current Mailing Address:

P.O. BOX 560750
ROCKLEDGE, FL 32956-0750 US

FEI Number: 59-2908075

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCCARTHY, WILLIAM D PRES/CEO
3640 WOOD DUCK DRIVE
MIMS, FL 32754 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: WILLIAM D. MCCARTHY 08/19/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR, CHAIRMAN
Name	MCALPINE, CRISTOPHER
Address	951 N WASHINGTON AVE
City-State-Zip:	TITUSVILLE FL 32796

Title	PRESIDENT, CEO
Name	MCCARTHY, WILLIAM D
Address	3640 WOOD DUCK DR
City-State-Zip:	MIMS FL 32754

Title	DIRECTOR
Name	BULNES, SANTI
Address	1508 MEADOWLARK DR
City-State-Zip:	TITUSVILLE FL 32780

Title	DIRECTOR
Name	TERRY, WILLIAM
Address	325 WILLOW ST
City-State-Zip:	TITUSVILLE FL 32780

Title	DIRECTOR, VC
Name	KEVIN, STEELE
Address	2800 W HWY 520
City-State-Zip:	COCOA FL 32926

Title	SECRETARY, TREASURER, VP, CFO
Name	ALEXANDER, JULIA A
Address	133 E GADSDEN LANE
City-State-Zip:	COCOA BEACH FL 32931

Title	DIRECTOR
Name	GETTINGS, SCOTT DR.
Address	6450 S. US HIGHWAY 1
City-State-Zip:	MELBOURNE FL 32955

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 VP/CFO 08/19/2014

Electronic Signature of Signing Officer/Director Detail — Date