


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90180 045 ****61.25

DOCUMENT # N03000002784

1. Entity Name
THE BREVARD HEALTH ALLIANCE, INC.



Principal Place of Business
**5270 BABCOCK STREET NE SUITE 1
 PALM BAY, FL 32905**

Mailing Address
**5270 BABCOCK STREET NE SUITE 1
 PALM BAY, FL 32905**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number
90-0068515

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMISON, JAMES E
 1515 RINGLING BLVD SUITE 900
 SARASOTA, FL 34236**



04192005 Chg-NP CR2E037 (10/03)

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make check payable to
 Florida Department of State**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS ARCHILLA, NICHOLAS 266 EVERGREEN STREET NE PALM BAY, FL 32907 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT DOUGLAS, BERNADETTE 1705 ORANGE MANOR Orange Manor Drive MELBOURNE, FL 32934 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GARCIA, MANUEL DR. 942 BRUNSWICK LANE ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C GURRI, LISA 3661 S BABCOCK STREET MELBOURNE, FL 32901 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HESHMATI, HEIDAR DR. 2575 N COURTENAY PARKWAY MERRITT ISLAND, FL 32935 32953 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HIGGS, NANCY 1311 E NEW HAVEN AVENUE MELBOURNE, FL 32901 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS Taylor, Clenton 2701 Pond Street Melbourne, FL 32901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Grisham, Elaine 3322 Alice Street Melbourne, FL 32904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D O'Malley, Dennis 1037 St. Johns Street, SE Palm Bay, FL 32909 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Perles, Lewis 2131 Washington Street, NE Palm Bay, FL 32905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Williams, Gay 2505 Fairfield Drive Cocoa, FL 32926 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Hodges, Leo 300 Malabar Road, SE Palm Bay, FL 32907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas G. Culbreth Date: 4/26/05 Daytime Phone #: 321-722-9563

Attachment 14004054
N03000002784

The Brevard Health Alliance, Inc.
2005 Not-For-Profit Annual Report

CEO
Thomas G. Culbreth
2000 Villa Espana Trail
Melbourne, FL 32935