


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90218 018 \*\*\*\*61.25

<b>DOCUMENT # N03000002784</b>					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 90-0068515	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMISON, JAMES E 1515 RINGLING BLVD SUITE 900 SARASOTA, FL 34236			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			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 type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DOUGLAS, BERNADETTE 1705 ORAGNE MANOR MELBOURNE, FL 32934 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Douglas, Bernadette <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1705 Orange Manor Melbourne, FL 32934		
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	DT Garcia, Manuel Dr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 942 Brunswick Lane Rockledge, FL 32955		
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	VC Gay Williams <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2725 Judge Fran Jamison Way Viera, FL 32940		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESHMATI, HEIDAR DR. 2575 N COURTENAY PARKWAY MERRITT ISLAND, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGS, NANCY 1311 E NEW HAVEN AVENUE MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Thomas G. Culbreth</u> <b>CEO</b> Date: <u>4/24/06</u> Daytime Phone #: <u>321-722-5910</u>					