


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90205 025 \*\*\*\*70.00

**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**

40081852



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

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

04172007 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

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**

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

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>TAYLOR, CLENTON<br>2701 POND STREET<br>MELBOURNE, FL 32901                  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>DOUGLAS, BERNADETTE<br>1705 ORAGNE MANOR<br>MELBOURNE, FL 32934             | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GARCIA, MANUEL DR.<br>942 BRUNSWICK LANE<br>ROCKLEDGE, FL 32955              | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>GURRI, LISA<br>3661 S BABCOCK STREET<br>MELBOURNE, FL 32901                  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HESHMATI, HEIDAR DR.<br>2575 N COURTENAY PARKWAY<br>MERRITT ISLAND, FL 32935 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HIGGS, NANCY<br>1311 E NEW HAVEN AVENUE<br>MELBOURNE, FL 32901               | <input checked="" type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Gindling, Johnette<br>110 Longwood Ave, mss<br>Rockledge, FL 32956       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Douglas, Bernadette<br>1705 Orange Manor<br>Melbourne, FL 32934          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>Garcia Manuel Dr.<br>942 Brunswick Lane<br>Rockledge, FL 32955          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>Gurri, Lisa<br>6450 US Hwy 1<br>Rockledge, FL 32955                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VC<br>Williams, Gay<br>2725 Judge Fran Jamison way, Bldg B<br>Viera, FL 32940 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Harp, LaTonya<br>P.O. Box 3194<br>Cocoa, FL 32924                        | <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 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: Thomas G. Culbreth CEO 4/23/07 321-722-5910  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

4008 1852

# 103000002784

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT – Attachment

**ADDITIONAL OFFICERS/DIRECTORS – BOX 11 CONTINUED**

TITLE D  Addition  
NAME O'MALLEY, DENNIS  
STREET ADDRESS 3811 TREE RIDGE LANE  
CITY-ST-ZIP PALM BAY, FL 32905

TITLE D  Addition  
NAME PERLES, LEWIS  
STREET ADDRESS 2147 ADAMS STREET  
CITY-ST-ZIP PALM BAY, FL 32905

TITLE D  Addition  
NAME BERGEN, ELOUISE  
STREET ADDRESS 1750 BOTTLEBRUSH DR NE #109  
CITY-ST-ZIP PALM BAY, FL 32905

TITLE D  Addition  
NAME BIANCHI, DEBORAH  
STREET ADDRESS 3313 TESTIMONY STREET  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE D  Addition  
NAME YOUNG, MIKE  
STREET ADDRESS 817 TORRENCE LANE  
CITY-ST-ZIP MELBOURNE, FL 32935