
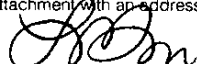


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90107 048 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04212008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 90-0068515	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" 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	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	DS	<input type="checkbox"/> Delete	TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, CLENTON		NAME	Taylor, Clenton	
STREET ADDRESS	2701 POND STREET		STREET ADDRESS	2701 Pond street	
CITY-ST-ZIP	MELBOURNE, FL 32901		CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS, BERNADETTE		NAME	Bergen, Elouise	
STREET ADDRESS	1705 ORAGNE MANOR		STREET ADDRESS	1566 Monterey Dr., Apt. # 105	
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	DT/VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, MANUEL DR.		NAME	Garcia, Manuel Dr.	
STREET ADDRESS	942 BRUNSWICK LANE		STREET ADDRESS	942 Brunswick Lane	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GURRI, LISA		NAME	Bianchi, Deborah	
STREET ADDRESS	6450 US HWY 1		STREET ADDRESS	3313 Testimony Street	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HESHMATI, HEIDAR DR.		NAME	Denis, Heidi	
STREET ADDRESS	2575 N COURTENAY PARKWAY		STREET ADDRESS	2725 Judge Fran Jamieson Way, Bldg C	
CITY-ST-ZIP	MERRITT ISLAND, FL 32935		CITY-ST-ZIP	Viera, FL 32940	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GINDLING, JOHNETTE		NAME	Gatto, Pam	
STREET ADDRESS	110 LONGWOOD AVE, M58		STREET ADDRESS	15 W. Hibiscus Blvd	
CITY-ST-ZIP	ROCKLEDGE, FL 32956		CITY-ST-ZIP	Melbourne, FL 32901	
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: 		LISA GURRI, CEO		4/21/08 321-722-5910	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT
HUD 79777
N03000002784

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT – Attachment
ADDITIONAL OFFICERS/DIRECTORS – BOX 11 CONTINUED

TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	HARP, LATONYA	
STREET ADDRESS	P.O. BOX 3194	
CITY-ST-ZIP	COCOA, FL 32924	

TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	O'MALLEY, DENNIS	
STREET ADDRESS	411 E. LINCOLN AVE.	
CITY-ST-ZIP	MELBOURNE, FL 32901	

TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	PERLES, LEWIS	
STREET ADDRESS	P.O. BOX 61192	
CITY-ST-ZIP	PALM BAY, FL 32905	

TITLE	DS	<input checked="" type="checkbox"/> Addition
NAME	YOUNG, MIKE	
STREET ADDRESS	817 TORRENCE LANE	
CITY-ST-ZIP	MELBOURNE, FL 32935	