

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002784

FILED
Feb 17, 2011
Secretary of State

Entity Name: THE BREVARD HEALTH ALLIANCE, INC.

Current Principal Place of Business:

3661 S. BABCOCK STREET
MELBOURNE, FL 32905

New Principal Place of Business:

Current Mailing Address:

3661 S. BABCOCK STREET
MELBOURNE, FL 32905

New Mailing Address:

FEI Number: 90-0068515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMISON, JAMES E
1819 MAIN ST STE 1110
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DC
Name: TAYLOR, CLENTON
Address: 2701 POND STREET
City-St-Zip: MELBOURNE, FL 32901 US

Title: DVC
Name: GATTO, PAM
Address: 15 W. HIBISCUS BLVD.
City-St-Zip: MELBOURNE, FL 32901 US

Title: DT
Name: KIRKLAND-BARRIE, LINDA
Address: 150 N.SYKES CREEK BLVD. # 300
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: DS
Name: YOUNG, MIKE
Address: 817 TORRENCE LANE
City-St-Zip: MELBOURNE, FL 32935 US

Title: D
Name: BERGEN, ELOISE
Address: 1566 MONTEREY DRIVE APT. 105
City-St-Zip: PALM BAY, FL 32905 US

Title: D
Name: BUTLER, GLADYS
Address: 715 AURORA STREET
City-St-Zip: COCOA, FL 32922 US

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: THOMAS G. CULBRETH

CFO

02/17/2011

Electronic Signature of Signing Officer or Director

Date