

NO3000002784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

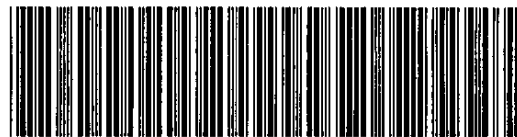
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 20 PM 12:56

C. LEWIS
JUL 8 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Brevard Health Alliance, INC.
Name of Corporation

DOCUMENT NUMBER: N03000002784

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Austin Helton

Name of Contact Person

The Brevard Health Alliance, INC.

Firm/Company

2120 Sarno Road Suite #4

Address

Melbourne, FL 32935

City/State and Zip Code

Austin.Helton@Health-First.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Culbreth

Name of Contact Person

at (321) 241-6868

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Brevard Health Alliance, INC.
2. The principal office address: 2120 Sarno Road
Melbourne, FL 32935
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/01/2013 Document number: N03000002784

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

James E. Thomison

1819 Main Street, Suite #1110

Sarasota, FL 34236

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Lisa Gurri

2120 Sarno Road Suite #4

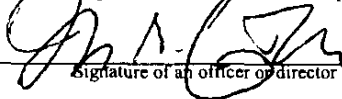
P.O. Box NOT acceptable

Melbourne, FL 32935

14 JUN 20 PM 12: 56
STATE DEPT OF STATE
DIVISION OF CORPORATIONS

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Thomas G. Culbreth, CFO

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

06/18/2014

Date

If signing on behalf of an entity:

Lisa Gurri

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)