

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28193

1. Entity Name

COASTAL HEALTH SYSTEMS OF BREVARD, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90064 033 ****70.00

975368



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1535 NO. COGSWELL RD. #C19
P.O. BOX 560386
ROCKLEDGE FL 32955
US

Mailing Address

1535 NO. COGSWELL RD. #C19
P.O. BOX 560386
ROCKLEDGE FL 32956-0386
US

2. Principal Place of Business

1535 N. Cogswell
Suite, Apt. #, etc.
Suite C-19

3. Mailing Address

1535 N. Cogswell
Suite, Apt. #, etc.
Suite C-19

City & State

Rockledge, FL

City & State

Rockledge, FL

4. FEI Number

59-2908075

Applied For

Not Applicable

Zip

32955

Country

USA

Zip

32955

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOAN E MADDEN
1535 N. COGSWELL
SUITE C-19
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name

WILLIAM D. McCarthy

Street Address (P.O. Box Number is Not Acceptable)

1535 N. Cogswell

Suite C-19

City

Rockledge,

FL

Zip Code
32955

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.

SIGNATURE

William D. McCarthy
Signature, typed or printed name of registered agent and title if applicable.

William D. McCarthy, CEO

4/18/01

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GARRISON, LARRY
STREET ADDRESS 4395 CROOKED MILE ROAD
CITY-ST-ZIP MERRITT ISLAND FL

TITLE D ☐ Delete
NAME BAKER, ROD C.E.O.
STREET ADDRESS 951 N. WASHINGTON AVE
CITY-ST-ZIP TITUSVILLE FL

TITLE D ☒ Delete
NAME CARMAN, ROBERT O.
STREET ADDRESS 8130 S. TROPICAL TR.
CITY-ST-ZIP MERRITT ISLAND FL

TITLE D ☐ Delete
NAME BLAKE, RICHARD K.
STREET ADDRESS 916 BRUNSWICK LN.
CITY-ST-ZIP ROCKLEDGE FL

TITLE D ☒ Delete
NAME STEEL, GEORGE
STREET ADDRESS 781 FLORENCIA CIRCLE
CITY-ST-ZIP TITUSVILLE FL

TITLE ST ☐ Delete
NAME ALEXANDER, JULIA
STREET ADDRESS 2507 TERRI LANE
CITY-ST-ZIP COCOA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC ☐ Change ☒ Addition
NAME Emil Miller
STREET ADDRESS 110 Longwood Ave.
CITY-ST-ZIP Rockledge, FL 32955

TITLE D ☐ Change ☒ Addition
NAME George Lewis
STREET ADDRESS 3200 N. Atlantic Ave.
CITY-ST-ZIP Cocoa Beach, FL 32931

TITLE D ☐ Change ☒ Addition
NAME George Mikitarian
STREET ADDRESS 3649 Fox Wood Drive
CITY-ST-ZIP Titusville, FL 32935

TITLE D ☐ Change ☒ Addition
NAME Albert Francis
STREET ADDRESS 319 Jack Drive
CITY-ST-ZIP Cocoa Beach, FL 32931

TITLE D ☐ Change ☒ Addition
NAME Earl Spencer
STREET ADDRESS 719 Garden St.
CITY-ST-ZIP Titusville, FL 32796

TITLE D ☐ Change ☒ Addition
NAME Rebekah Davis
STREET ADDRESS 605 Heron Dr.
CITY-ST-ZIP Merritt Island, FL 32953

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Julia Alexander
REQUIRED

Julia Alexander 4-18-01 321-633-7050

CR2E037 (10/00)