## 2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Dec 18, 2012 DOCUMENT# N28193 Secretary of State

Entity Name: COASTAL HEALTH SYSTEMS OF BREVARD, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

486 GUS HIPP BLVD

ROCKLEDGE, FL 32955 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 560750

ROCKLEDGE, FL 329560750 US

FEI Number: 59-2908075 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCARTHY, WILLIAM D P/CEO 3640 WOOD DUCK DRIVE MIMS, FL 32754

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:** 

STEELE, KEVIN Name: Address: 2800 WEST HWY 520 City-St-Zip: COCOA, FL 32926 US

Title: V/S

Name: ALEXANDER, JULIA A VP/CFO Address: 133 EAST GADSDEN LANE City-St-Zip: COCOA BEACH, FL 32931 US

Title:

LEWIS, GEORGE Name:

Address: 380 COURTENAY PARKWAY City-St-Zip: MERRITT ISLAND, FL 32952 US

Title:

Name: BULNES, SANTI 2750 SUNRISE DR Address: City-St-Zip: TITUSVILLE, FL 32780 US

Title:

MCCARTHY, WILLIAM D P/CEO Name: 3640 WOOD DUCK DRIVE Address: City-St-Zip: MIMS, FL 32754 US

Title:

MIKITARIAN, GEORGE Name: Address: 951 N WASHINGTON AVE TITUSVILLE, FL 32976 US City-St-Zip:

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: JULIA ALEXANDER V/S 12/18/2012