2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2010
Secretary of State

DOCUMENT# N47043

Entity Name: COMMUNITY ACCESS TO CHILD HEALTH OF BREVARD, INC.

Current Principal Place of Business:

2565 JUDGE FRAN JAMIESON WAY
VIERA, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

2565 JUDGE FRAN JAMIESON WAY
VIERA, FL 32940 US

New Mailing Address:

FEI Number: 59-3103019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RADU, MIHAI MD
2565 JUDGE FRAN JAMIESON WAY
VIERA, FL 32940 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: PD
Name: RADU, MIHAI MD
Address: 255 FORTENBERRY RD STE B-6
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VD
Name: BARIMO, DOUGLAS G. M.D.
Address: 1653 JESS PARRISH COURT
City-St-Zip: TITUSVILLE, FL

Title: SD
Name: STOCKETT, MARY
Address: 1755 W HIBISCUS BLVD
City-St-Zip: MELBOURNE, FL 32907

Title: TD
Name: FOLEY, KEVIN M.D.
Address: 3202 TUSCAWILLOW DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: ASVD
Name: GONZALEZ, LUIS A MD
Address: 2235 SYKES CREEK DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953

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: MIHAI RADU, MD PD 02/04/2010

Electronic Signature of Signing Officer or Director Date