2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000026

FILED Mar 27, 2012 Secretary of State

Entity Name: PRENATAL AND INFANT HEALTH CARE COALITION OF BREVARD COUNTY, INC.

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

1770 CEDAR ST BLDG 5

ROCKLEDGE, FL 32955 US

Current Mailing Address: New Mailing Address:

P.O. BOX 560868

ROCKLEDGE, FL 329560868 US

FEI Number: 59-3152532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FLOYD, JENNIFER S 1770 CEDAR ST., BLDG #5 ROCKLEDGE, FL 32955 US

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: SD

Name: FLEEMAN, R A

Address: 3304 BURKELAND PLACE City-St-Zip: MELBOURNE, FL 32934 US

Title: CD

Name: KNIPPEL, WENDY Address: 435 FOOTMAN LN

City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: MD

Name: FLOYD, JENNIFER S Address: 1770 CEDAR ST., BLDG #5 City-St-Zip: ROCKLEDGE, FL 32955 US

Title: TD

Name: TOLSON, SHARON

Address: 2700 JUDGE FRAN JAMIESON WAY

City-St-Zip: VIERA, FL 32940 US

Title:

Name: MARC, HAYDEN D Address: 3903 S MASON ROAD, #115

City-St-Zip: KATY, TX 77450 US

Title: VE

Name: VIOLET, SUZANNE

Address: 1485 N. ATLANTIC AVE #116 City-St-Zip: COCOA BEACH, FL 32931 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: JENNIFER S. FLOYD MD 03/27/2012