

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002784

FILED
Feb 17, 2021
Secretary of State
2897236565CC

Entity Name: THE BREVARD HEALTH ALLIANCE, INC.

Current Principal Place of Business:

4315 WOODLAND PARK DRIVE
WEST MELBOURNE, FL 32904

Current Mailing Address:

4315 WOODLAND PARK DRIVE
WEST MELBOURNE, FL 32904 US

FEI Number: 90-0068515

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MALEK, JOHN
4315 WOODLAND PARK DRIVE
WEST MELBOURNE, FL 32904 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: JOHN MALEK

02/17/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name SHEA, ERIN
Address 199 HIGHWAY A1A
UNIT C104
City-State-Zip: SATELLITE BEACH FL 32937

Title COMPENSATION COMMITTEE,
CONSUMER REP
Name HILL, KEVIN
Address 141 COCONUT DRIVE
City-State-Zip: INDIALANTIC FL 32903

Title SECRETARY, CONSUMER
REPRESENTATIVE
Name NIMBLETT, DOREEN
Address 2523 COCONUT DRIVE
City-State-Zip: COCOA FL 32926

Title CEO
Name HELTON, RICHARD AUSTIN
Address 4315 WOODLAND PARK DRIVE
City-State-Zip: WEST MELBOURNE FL 32904

Title QUALITY, CONSUMER REP.
Name CUNNINGHAM, CARICE
Address 660 ANDERSON CT
City-State-Zip: SATELLITE BEACH FL 32937

Title COO
Name ANDERSON, MAEGEN
Address 2120 SARNO ROAD
City-State-Zip: MELBOURNE FL 32935

Title TREASURER, HEALTHCARE
REPRESENTATIVE
Name ESROCK, BRETT
Address 1350 S. HICKORY ST
City-State-Zip: MELBOURNE FL 32901

Title PUBLIC HOUSING REPRESENTATIVE,
HOMELESS POPULATION REP.
Name DONALD, KEITH
Address 4655 LITTLE GREY LANE
City-State-Zip: MELBOURNE FL 32901

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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: JOHN MALEK

GENERAL COUNSEL

02/17/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CONSUMER REPRESENTATIVE
Name KNAPP, LENA MARIE
Address 2860 POMELLO ROAD
City-State-Zip: MALABAR FL 32950

Title CONSUMER REPRESENTATIVE, VC
Name SANTIAGO, ROBERT
Address 1649 ARCOT CIRCLE NE
City-State-Zip: PALM BAY FL 32905

Title CFO
Name NESCIO, RICHARD
Address 4315 WOODLAND PARK DRIVE
City-State-Zip: WEST MELBOURNE FL 32904

Title COMMUNITY REPRESENTATIVE
Name PETTIGREW, LEIGH
Address 148 LANTERNBACK ISLAND DR
UNIT C104
City-State-Zip: SATELLITE BEACH FL 32937

Title CONSUMER REPRESENTATIVE
Name MIKE , YOUNG
Address 1025 JULIA DR
City-State-Zip: MELBOURNE FL 32935

Title GENERAL COUNSEL
Name MALEK, JOHN
Address 4315 WOODLAND PARK DRIVE
City-State-Zip: WEST MELBOURNE FL 32904

Title CMO
Name SCHUCK, THEODORE
Address 4315 WOODLAND PARK DRIVE
City-State-Zip: WEST MELBOURNE FL 32904

Title CONSUMER REP; COMMUNITY REP.
Name BROWNE, COLLEEN
Address 3840 ARIA DR
City-State-Zip: MELBOURNE FL 32904