

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002784

FILED
Jan 30, 2019
Secretary of State
0730354383CC

Entity Name: THE BREVARD HEALTH ALLIANCE, INC.

Current Principal Place of Business:

2120 SARNO ROAD
MELBOURNE, FL 32935

Current Mailing Address:

2120 SARNO ROAD
MELBOURNE, FL 32935 US

FEI Number: 90-0068515

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GURRI, LISA
2120 SARNO ROAD SUITE 4
MELBOURNE, FL 32935 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

Officer/Director Detail :

Title CHAIRMAN
Name YOUNG, MIKE
Address 3135 SHADY DELL LN
APT 111
City-State-Zip: MELBOURNE FL 32935

Title VC
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 CFO
Name HELTON, RICHARD AUSTIN
Address 2120 SARNO ROAD
City-State-Zip: MELBOURNE FL 32935

Title CEO
Name GURRI, LISA
Address 2120 SARNO ROAD
City-State-Zip: MELBOURNE FL 32935

Title CONSUMER REPRESENTATIVE
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 CNO
Name PEPE, HEATHER
Address 2120 SARNO ROAD
City-State-Zip: MELBOURNE FL 32935

Continues on page 2

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: RICHARD AUSTIN HELTON

CFO

01/30/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title COMMUNITY REPRESENTATIVE
Name PURDEN, GREGORY
Address 2575 N COURTENAY PKWY
City-State-Zip: MERRITT ISLAND FL 32953

Title TREASURER
Name HANNON, DAWN
Address 400 OAK RIDGE DRIVE
City-State-Zip: INDIALANTIC FL 32906

Title COMMUNITY REPRESENTATIVE
Name SHEA, ERIN
Address 199 HIGHWAY AIA
UNIT C104
City-State-Zip: SATELLITE BEACH FL 32937

Title COMMUNITY REPRESENTATIVE
Name KIRKLAND, KAREN
Address 3240 CONSTELLATION DRIVE
City-State-Zip: MELBOURNE FL 32940

Title COMMUNITY REPRESENTATIVE
Name DONALD, KEITH
Address 4655 LITTLE GREY LANE
City-State-Zip: MELBOURNE FL 32901

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