

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002784

FILED
Jan 30, 2018
Secretary of State
CC0189456456

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

Title SECRETARY
Name MARQUEZ , ANA
Address 1664 OWOSSO ST.
City-State-Zip: COCOA FL 32922

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 BOYSON , AMY
Address 1410 CORBETT LANE
City-State-Zip: WEST MELBOURNE FL 32904

Title CONSUMER REPRESENTATIVE
Name CUNNINGHAM, CARICE
Address 1564 BONELLI COURT
City-State-Zip: MELBOURNE FL 32934

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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: RICHARD AUSTIN HELTON

CFO

01/30/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title COMMUNITY REPRESENTATIVE
Name GINDLING, JOHNETTE
Address 6905 N. WICKHAM RD.
SUITE 301
City-State-Zip: MELBOURNE FL 32940

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

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

Title COMMUNITY REPRESENTATIVE
Name HAMENT, ANDREW
Address 1901 S HARBOR CITY BLVD
STE 501
City-State-Zip: MELBOURNE FL 32901

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

Title COMMUNITY REPRESENTATIVE
Name TINKER, LINDA
Address 1926 EXETER DRIVE
City-State-Zip: COCOA FL 32922