

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002784

**FILED**  
**Mar 21, 2014**  
**Secretary of State**  
**CC2454691315**

**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:**

THOMISON, JAMES E  
1819 MAIN ST STE 1110  
SARASOTA, FL 34236 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 DC  
Name TAYLOR, CLENTON  
Address 2701 POND STREET  
City-State-Zip: MELBOURNE FL 32901

Title DVC  
Name GATTO, PAM  
Address 15 W. HIBISCUS BLVD.  
City-State-Zip: MELBOURNE FL 32901

Title DS  
Name YOUNG, MIKE  
Address 817 TORRENCE LANE  
City-State-Zip: MELBOURNE FL 32935

Title D  
Name BERGEN, ELOISE  
Address 1566 MONTEREY DRIVE APT. 105  
City-State-Zip: PALM BAY FL 32905

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

Title REPRESENTATIVE FOR THE HOMELESS  
Name MORRIS, TERRY PASTOR  
Address 1824 S. HARBOR CITY BLVD  
City-State-Zip: MELBOURNE FL 32901

Title CONSUMER REPRESENTATIVE CHRONIC DISEASE  
Name NIMBLETT, DOREEN  
Address 1080 N. FISK BLVD. APT. C 7  
City-State-Zip: COCOA FL 32922

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

**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 HELTON**

**FINANCIAL PLANNING**

**03/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CFO  
Name CULBRETH , THOMAS  
Address 2120 SARNO ROAD  
City-State-Zip: MELBOURNE FL 32935

Title CONSUMER REPRESENTATIVE  
Name BOYSON , AMY  
Address 2405 NEW YORK STREET  
City-State-Zip: MELBOURNE FL 32904

Title COMMUNITY REPRESENTATIVE  
Name GREGORY , SEAN  
Address 1350 HICKORY STREET  
City-State-Zip: MELBOURNE FL 32901

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

Title COMMUNITY REPRESENTATIVE  
Name LOFTIN , EDWIN  
Address 951 N WASHINGTON AVENUE  
City-State-Zip: TITUSVILLE FL 32796

Title FINANCIAL PLANNING  
Name HELTON , RICHARD A  
Address 2120 SARNO ROAD  
City-State-Zip: MELBOURNE FL 32935