

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002784

FILED
Jan 15, 2020
Secretary of State
1392829051CC

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

01/15/2020

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

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

Title COMMUNITY REPRESENTATIVE
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

ESQ

01/15/2020

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

Title ESQ
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