

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N03000002784

**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

02/15/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE CHAIRMAN, VC, CONSUMER REPRESENTATIVE

Name SHEA, ERIN

Address 4315 WOODLAND PARK DRIVE

City-State-Zip: WEST MELBOURNE FL 32904

Title COO

Name ANDERSON, MAEGEN

Address 2120 SARNO ROAD

City-State-Zip: MELBOURNE FL 32935

Title PUBLIC HOUSING REPRESENTATIVE, HOMELESS POPULATION REP., CONSUMER REP

Name DONALD, KEITH

Address 4315 WOODLAND PARK DRIVE

City-State-Zip: WEST MELBOURNE FL 32904

Title GENERAL COUNSEL

Name MALEK, JOHN

Address 4315 WOODLAND PARK DRIVE

City-State-Zip: WEST MELBOURNE FL 32904

Title CEO

Name HELTON, RICHARD AUSTIN

Address 4315 WOODLAND PARK DRIVE

City-State-Zip: WEST MELBOURNE FL 32904

Title HEALTHCARE REPRESENTATIVE

Name ESROCK, BRETT

Address 4315 WOODLAND PARK DRIVE

City-State-Zip: WEST MELBOURNE FL 32904

Title CHAIRMAN, CONSUMER REPRESENTATIVE

Name SANTIAGO, ROBERT

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

**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:** JOHN MALEK

GENERAL COUNSEL

02/15/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title COMMUNITY REPRESENTATIVE, SECRETARY  
Name PETTIGREW, LEIGH  
Address 4315 WOODLAND PARK DRIVE  
City-State-Zip: WEST MELBOURNE FL 32904

Title COMMUNITY REP  
Name FORBES, J. BARRY  
Address 4315 WOODLAND PARK DRIVE  
SUITE 101  
City-State-Zip: MELBOURNE FL 32904

Title CONSUMER REPRESENTATIVE  
Name CUMMINGS-WILSON, SONJA  
Address 4315 WOODLAND PARK DRIVE  
City-State-Zip: WEST MELBOURNE FL 32904

Title CONSUMER REP COMMUNITY REP  
Name BROWNE, COLLEEN  
Address 4315 WOODLAND PARK DRIVE  
City-State-Zip: WEST MELBOURNE FL 32904

Title CONSUMER REP COMMUNITY REP,  
TREASURER  
Name FLYNN, JOSEPH  
Address 4315 WOODLAND PARK DRIVE  
City-State-Zip: WEST MELBOURNE FL 32904

Title CONSUMER REPRESENTATIVE  
Name RANDLOV, MARK  
Address 4315 WOODLAND PARK DRIVE  
City-State-Zip: WEST MELBOURNE FL 32904