

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47043

Entity Name: COMMUNITY ACCESS TO CHILD HEALTH OF BREVARD, INC.**Current Principal Place of Business:**2565 JUDGE FRAN JAMIESON WAY
VIERA, FL 32940**Current Mailing Address:**2565 JUDGE FRAN JAMIESON WAY
VIERA, FL 32940 US**FEI Number: 59-3103019****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**RADU, MIHAI MD
2565 JUDGE FRAN JAMIESON WAY
VIERA, FL 32940 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 VP, D
Name RADU, MIHAI DR.
Address 255 FORTENBERRY RD STE B-6
City-State-Zip: MERRITT ISLAND FL 32952

Title PD
Name BARIMO, DOUGLAS G DR.
Address 1653 JESS PARRISH COURT
City-State-Zip: TITUSVILLE FL

Title CFO
Name GEMMILL, LISA K.
Address 2565 JUDGE FRAN JAMIESON WAY
City-State-Zip: VIERA FL 32940

Title TD
Name ULRICH, MARY W MD
Address 1755 W HIBISCUS BLVD
City-State-Zip: MELBOURNE FL 32907

Title SD
Name ROBOTTI, THERESA A
Address 1102 GEORGE STREET
City-State-Zip: SEBASTIAN FL 32958

Title OTHER
Name PUZIO, ALTHEA
Address 2565 JUDGE FRAN JAMIESON WAY
City-State-Zip: VIERA FL 32940

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: LISA K. GEMMILL**CFO/PROJECT
ADMINISTRATOR****04/26/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date