

2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000011214

Entity Name: ADVENTIST CARE CENTERS - COURTLAND, INC.

Current Principal Place of Business:

730 COURTLAND ST.
ORLANDO, FL 32804

Current Mailing Address:

730 COURTLAND ST.
ORLANDO, FL 32804

FEI Number: 20-5774723

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROMME, JEFF
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714 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 CD
Name JOHNSON, SANDRA
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASSISTANT SECRETARY
Name RATHBUN, PAUL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AS
Name DE PRADA, ARIEL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title PD
Name GIVENS, MICHELLE
Address 485 N. KELLER ROAD
SUITE 250
City-State-Zip: MAITLAND FL 32751

Title AS
Name RODMAN, DAVID
Address 485 N. KELLER ROAD
SUITE 250
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name MCDONALD, RAYMOND A
Address 2800 N. ORLANDO AVENUE
City-State-Zip: ORLANDO FL 32804

Title ASST. SECRETARY
Name ADDISCOTT, LYNN
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY
Name BLOCK, MARK
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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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: DAVID RODMAN

OFFICER

12/13/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name SAUNDERS, MICHAEL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name BEAULIEU, TIMOTHY
Address 10605 BOCA POINTE DRIVE
City-State-Zip: ORLANDO FL 32836

Title DIRECTORY, ASSISTANT SECRETARY
Name JOHNSON, PENNY
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASSISTANT SECRETARY
Name HINDS, NIGEL
Address 485 N. KELLER ROAD
SUITE 250
City-State-Zip: MAITLAND FL 32751

Title ASSITANT SECRETARY
Name GRAFF, JEFFREY
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name DIXON, DARYL
Address 1917 BRIDGEWATER DRIVE
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name THOMPSON, MICHAEL
Address 550 E. ROLLINS STREET
City-State-Zip: ORLANDO FL 32803