2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000004061

Entity Name: ADVENTHEALTH POLK NORTH, INC.

Current Principal Place of Business:

900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 84-1793121

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRIMBLE, TAMARA L
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	PRESIDENT AND DIRECTOR		Title	DIRECTOR AND TREASURER
Name	ADAMS, BRIAN		Name	HEINRICH, BILL
Address	40100 US-27		Address	3100 E. FLETCHER AVENUE
City-State-Zip:	DAVENPORT FL 33837		City-State-Zip:	TAMPA FL 33613
Title	ASSISTANT SECRETARY		Title	ASSISTANT SECRETARY
Name	ADDISCOTT, LYNN		Name	BLOCK, MARK
Address	900 HOPE WAY		Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPINGS FL 32714		City-State-Zip:	ALTAMONTE SPINGS FL 32714
Title	ASSISTANT SECRETARY		Title	ASSISTANT SECRETARY
Name	GRAFF, JEFF		Name	SAUNDERS, MIKE
Address	900 HOPE WAY		Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPINGS FL 32714		City-State-Zip:	ALTAMONTE SPINGS FL 32714
Title	ASSISTANT SECRETARY			
Name	FOLTZ, BOB			
Address	26300 SIENA DR			
City-State-Zip:	BONITA SPRINGS FL 34134			

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: LYNN ADDISCOTT   ASSISTANT SECRETARY   06/23/2020

    Electronic Signature of Signing Officer/Director Detail   Date