

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N19000010133

Entity Name: ADVENTHEALTH WEST FLORIDA IMAGING, INC.

Current Principal Place of Business:

14055 RIVEREDGE DRIVE, SUITE 250
TAMPA, FL 33637

Current Mailing Address:

14055 RIVEREDGE DRIVE, SUITE 250
TAMPA, FL 33637 US

FEI Number: 84-3225135

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHUMAN, JESSICA
14055 RIVEREDGE DRIVE, SUITE 250
TAMPA, FL 33637 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: JESSICA SCHUMAN

10/06/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, DIRECTOR
Name OTTATI, DAVID
Address 14055 RIVEREDGE DRIVE, SUITE 250
City-State-Zip: TAMPA FL 33637

Title TREASURER, DIRECTOR
Name DIDENKO, VADYM
Address 3100 EAST FLETCHER AVE
City-State-Zip: TAMPA FL 33613

Title SECRETARY, DIRECTOR
Name BERGHERM, BRUCE
Address 14055 RIVEREDGE DRIVE SUITE 250
SUITE 250
City-State-Zip: TAMPA FL 33637

Title DIRECTOR
Name JOHANNESSEN, JOHN
Address 3100 E. FLETCHER AVE.
City-State-Zip: TAMPA FL 33613

Title DIRECTOR
Name PRESSWOOD, CLAY
Address 14055 RIVEREDGE DRIVE STE. 250
City-State-Zip: TAMPA FL 33637

Title MEMBER
Name ADVENTHEALTH WEST FLORIDA
AMBULATORY SERVICES, INC.
Address 14055 RIVEREDGE DRIVE
SUITE 250
City-State-Zip: TAMPA FL 33637

Title PRESIDENT, DIRECTOR
Name NEWMYER, JASON
Address 14055 RIVEREDGE DRIVE, SUITE 250
City-State-Zip: TAMPA FL 33637

Title DIRECTOR
Name MCGUINNESS, ROBIN
Address 14055 RIVEREDGE DRIVE, SUITE 250
City-State-Zip: TAMPA FL 33637

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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: LYNN ADDISCOTT

ASSISTANT SECRETARY

10/06/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WANDERSLEBEN, JENNIFER
Address 14055 RIVEREDGE DRIVE, SUITE 250
City-State-Zip: TAMPA FL 33637

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

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

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

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

Title ASSISTANT SECRETARY
Name SCHUMAN, JESSICA
Address 14055 RIVEREDGE DRIVE, SUITE 250
City-State-Zip: TAMPA FL 33637

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

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