2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 29, 2025
Secretary of State
7082722327CC

DOCUMENT# N24000013588

Entity Name: ADVENTHEALTH PORT CHARLOTTE, INC.

Current Principal Place of Business:

2500 HARBOR BOULEVARD
PORT CHARLOTTE, FL 33952

Current Mailing Address:

14055 RIVEREDGE DRIVE
SUITE 250
TAMPA, FL 33637 US

FEI Number: 33-2257010

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR, CHAIRMAN
Name	OTTATI, DAVID
Address	2500 HARBOR BOULEVARD
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	DIRECTOR, TREASURER
Name	DIDENKO, DIMA
Address	2500 HARBOR BOULEVARD
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	DIRECTOR, ASST. SECRETARY, TREASURER
Name	KISHBAUGH, TROY
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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

Title	VP, DIRECTOR
Name	WANDERSLEBEN, JENNIFER
Address	2500 HARBOR BOULEVARD
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	DIRECTOR, SECRETARY
Name	SCHUMAN, JESSICA
Address	2500 HARBOR BOULEVARD
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	DIRECTOR, PRESIDENT
Name	JOHNSON, ADAM
Address	2500 HARBOR BOULEVARD
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	ASST. SECRETARY
Name	BERRIOS, TONI
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: TONI BERRIOS ASSISTANT SECRETARY 05/29/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

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

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

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

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

Title ASST. SECRETARY
Name VINCENT, HANEY A.
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714