2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2025
Secretary of State
4949276455CC

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

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

Title	T, DIRECTOR
Name	DIDENKO, DIMA
Address	14055 RIVEREDGE DRIVE, SUITE 250
City-State-Zip:	TAMPA FL 33637

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

Title	AS, DIRECTOR
Name	KISHBAUGH, TROY
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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: TROY KISHBAUGH ASSISTANT SECRETARY 01/13/2025

Electronic Signature of Signing Officer/Director Detail — Date