## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44225

Entity Name: ADVENTHEALTH UNIVERSITY, INC.

Littly Name. ADVENTHEALTH ONIVERSHIP, IN

**Current Principal Place of Business:** 

671 WINYAH DRIVE ORLANDO. FL 32803 FILED Apr 24, 2024 Secretary of State 5686757360CC

## **Current Mailing Address:**

671 WINYAH DRIVE ORLANDO, FL 32803 US

FEI Number: 59-3069793 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: JEFF BROMME 04/24/2024

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title **TRUSTEE** Title **TRUSTEE** ANDREWS, DIANE Name JIMENEZ, DAVID Name 1821 ALAQUA DRIVE Address 671 WINYAH DRIVE Address City-State-Zip: ORLANDO FL 32803 LONGWOOD FL 32779 City-State-Zip:

Title **TRUSTEE** Title **CHAIRMAN** Name MILES, RACHEL HAFFNER, RANDALL Name Address 671 WINYAH DRIVE Address 671 WINYAH DRIVE ORLANDO FL 32803 City-State-Zip: City-State-Zip: ORLANDO FL 32803

Title TRUSTEE Title TRUSTEE

Name SHAW, TERRY Name OTTAI, DAVID

Address 900 HOPE WAY Address 14055 RIVEREDGE DRIVE

SUITE 150

City-State-Zip: ALTAMONTE SPRINGS FL 32714 City-State-Zip: TAMPA FL 33637

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: RANDALL HAFFNER CHAIRPERSON 04/24/2024

Electronic Signature of Signing Officer/Director Detail

Date