2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2024
Secretary of State
6459918160CC

DOCUMENT# P05000107512

Entity Name: PROMISE HOSPITAL OF FLORIDA AT THE VILLAGES, INC.

Current Principal Place of Business:

C/O ADVISORY TRUST GROUP, LLC
10645 N ORACLE ROAD, STE 1211-371
ORO VALLEY, AZ 85737

Current Mailing Address:

C/O ADVISORY TRUST GROUP, LLC
10645 N ORACLE ROAD, STE 1211-371
ORO VALLEY, AZ 85737 US

FEI Number: 20-3392171

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	D/R
Name	MICHAELSON, BOB
Address	10645 N ORACLE ROAD, STE 1211-371
City-State-Zip:	ORO VALLEY AZ 85737

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BOB MICHAELSON — DEBTOR REPRESENTATIVE — 04/04/2024

Electronic Signature of Signing Officer/Director Detail — Date