2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2019
Secretary of State
3729359748CC

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

Current Principal Place of Business:

999 YAMATO ROAD
THIRD FLOOR
BOCA RATON, FL 33431

Current Mailing Address:

999 YAMATO ROAD
THIRD FLOOR
BOCA RATON, FL 33431 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	DIRECTOR	Title	PRESIDENT
Name	BROWN, JAMES	Name	POSTERNACK, CHARLES
Address	999 YAMATO ROAD THIRD FLOOR	Address	999 YAMATO ROAD THIRD FLOOR
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	BOCA RATON FL 33431
Title	VP, SECRETARY	Title	INTERIM CFO
Name	STERLING, SUZANNE	Name	HINKLEMAN, ANDREW
Address	999 YAMATO ROAD THIRD FLOOR THIRD FLOOR	Address	999 YAMATO ROAD THIRD FLOOR
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	BOCA RATON FL 33431
Title	DIRECTOR		
Name	KENNEDY, KEITH		
Address	999 YAMATO ROAD THIRD FLOOR		
City-State-Zip:	BOCA RATON FL 33431		

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: SUZANNE STERLING SECRETARY 04/28/2019

Electronic Signature of Signing Officer/Director Detail — Date