

# 19000041925

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : ADVENTIST HEALTH SYSTEM  
Account Number : I20050000005  
Phone : (407) 357-2333  
Fax Number : (407) 357-2717

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: TL.TRIMBLE@AdventHealth.com

**FLORIDA LIMITED LIABILITY CO.**  
**AdventHealth Home Care East Florida, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

2019 FEB 18 AM 9:48  
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Electronic Filing Menu

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**ADVENTHEALTH HOME CARE EAST FLORIDA, LLC****ARTICLE I – Name**

The name of the Limited Liability Company is AdventHealth Home Care East Florida, LLC.

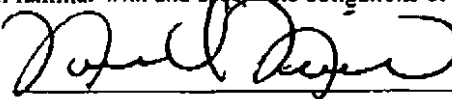
**ARTICLE II – Address**

The mailing address and street address of the principal office of the Limited Liability Company are: Principal Office Address: 770 W. Granada Blvd., Suite 319, Ormond Beach, Florida 32174-5180 and the Mailing Address is 770 W. Granada Blvd., Suite 319, Ormond Beach, FL 32174-5180.

**ARTICLE III – REGISTERED AGENT & REGISTERED OFFICE**

The name and the Florida street address of the registered agent are: Tamara L. Trimble, 900 Hope Way, Altamonte Springs, Florida 32714.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



Registered Agent's Signature

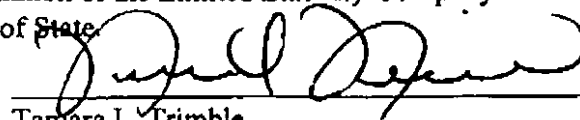
**ARTICLE IV - MANAGEMENT OF LIMITED LIABILITY COMPANY**

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>TITLE</u>	<u>NAME AND ADDRESS</u>
AMBR	Memorial Health Systems, Inc., 301 Memorial Medical Parkway Daytona Beach, FL 32117

**ARTICLE V – EFFECTIVE DATE**

The effective date of the formation of the Limited Liability Company shall be the date of filing with the Florida Department of State.



Tamara L. Trimble

Signature of Authorized Representative of member

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