

**C23000052955**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ADVENTHEALTH  
Account Number : 120050000005  
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: Corp.Legal@AdventHealth.com

**FLORIDA LIMITED LIABILITY CO.**  
**AdventHealth ACO+, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** AdventHealth ACO+, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marlene Durand

\_\_\_\_\_  
Name of Person

AdventHealth

\_\_\_\_\_  
Firm/Company

900 Hope Way

\_\_\_\_\_  
Address

Altamonte Springs, FL 32714

\_\_\_\_\_  
City/State and Zip Code

corp.legal@adventhealth.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marlene Durand

407

776-5378

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

AdventHealth ACO+, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

900 Hope Way

Altamonte Springs, FL 32714

**Mailing Address:**

900 Hope Way

Altamonte Springs, FL 32714

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jeff Bromberg

Name

900 Hope Way

Florida street address (P.O. Box **NOT** acceptable)

Altamonte Springs

FL

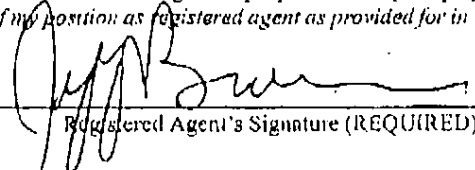
32714

City

State

Zip

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 (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:****Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBRFlorida Hospital Healthcare System, Inc.900 Hoge WayAltamonte Springs, FL 32714MGRBryan Stillz900 Hoge WayAltamonte Springs, FL 32714MGRMark Block900 Hoge WayAltamonte Springs, FL 32714MGRBrandi West900 Hoge WayAltamonte Springs, FL 32714

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**David Banks

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

David Banks

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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**Attachment to ARTICLE IV:**

Continuation of names and address of each person authorized to manage and control the Limited Liability Company

<b>Title: "MGR" = Manager</b>	<b>Name and Address:</b>
MGR	Andy Nlewald, MD 900 Hope Way Altamonte Springs, FL 32714
MGR	Josh Elsenhut, MD 900 Hope Way Altamonte Springs, FL 32714
MGR	Kris Gray, MD 900 Hope Way Altamonte Springs, FL 32714
MGR	Amy Reyes, MD 900 Hope Way Altamonte Springs, FL 32714
MGR	Tanya Haber, MD 900 Hope Way Altamonte Springs, FL 32714
MGR	Todd Newberg, MD 900 Hope Way Altamonte Springs, FL 32714
MGR	Joseph Libby, MD 900 Hope Way Altamonte Springs, FL 32714
MGR	Amir Guirguis 900 Hope Way Altamonte Springs, FL 32714
MGR	Bob Rodgers, MD 900 Hope Way Altamonte Springs, FL 32714

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