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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

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

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ADVENTHEALTH NORTH POLK, INC.**

Certificate of Status	1
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Page Count	05
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2023 JUN 27 AM 2:47

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment
to
Articles of Incorporation
of

(H230002269173)

ADVENTHEALTH NORTH POLK, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N94000001104

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

ADVENTHEALTH PRIMARY CARE, INC.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:*(Principal office address **MUST BE A STREET ADDRESS**)*

900 HOPE WAY

ALTAMONTE SPRINGS, FL 32714

C. Enter new mailing address, if applicable:*(Mailing address **MAY BE A POST OFFICE BOX**)*

900 HOPE WAY

ALTAMONTE SPRINGS, FL 32714

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:Name of New Registered Agent:

MELISSA MORA

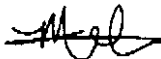
900 HOPE WAY

*(Florida street address)*New Registered Office Address:

ALTAMONTE SPRINGS

(City)

, Florida 32714

*(Zip Code)***New Registered Agent's Signature, if changing Registered Agent:***I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.**Signature of New Registered Agent, if changing*

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>P, TR</u>	<u>Wandersleben, Jennifer</u>	<u>3100 East Fletcher Avenue</u> <u>Tampa, FL 33613</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>TR, V</u>	<u>Bergherm, Bruce</u>	<u>14055 Riveredge Dr., Ste. 250</u> <u>Tampa, FL 33637</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T, TR</u>	<u>Didenko, Vadym Dima</u>	<u>14055 Riveredge Dr., Ste. 250</u> <u>Tampa, FL 33637</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>C, TR</u>	<u>Ottati, David</u>	<u>14055 Riveredge Dr., Ste. 250</u> <u>Tampa, FL 33637</u>
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>T</u>	<u>Rosalie, Oliver</u>	<u>14055 Riveredge Dr., Ste. 250</u> <u>Tampa, FL 33637</u>
<input checked="" type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>P</u>	<u>Stiltz, Bryan</u>	<u>900 Hope Way</u> <u>Altamonte Springs, FL 32714</u>
<input type="checkbox"/> Remove			

*Continuation page follows to amend
Directors and Officers.

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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(Attach additional sheets, if necessary)

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Example:

☒ Change

☒ Remove

☒ Add

PT

John Doe

V

Mike Jones

SV

Sally Smith

*Continuation of amendment of Directors and Officers follows below:

Type of Action
(Check One)

Title

Name

Address

7) ☐ Change
☒ Add

T

Davis, Brent

900 Hope Way

Altamonte Springs, FL
32714

☐ Remove

8) ☐ Change
☒ Add

T

Ardoyn, Doug, M.D.

900 Hone Way

Altamonte Springs, FL
32714

☐ Remove

9) ☐ Change
☒ Add

T

Baird-Wertman, Jessica

900 Hope Way

Altamonte Springs, FL
32714

☐ Remove

10) ☐ Change
☐ Add

☐ Remove

11) ☐ Change
☐ Add

☐ Remove

12) ☐ Change
☐ Add

☐ Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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CLERK OF SUPERIOR COURT
JULIA M. BROWN

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

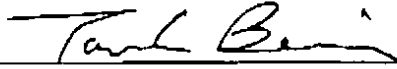
(H230002269173)

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

6/26/23

Signature



(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Toni L. BERRIOS

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

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