

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738247

Entity Name: ORLANDO HEALTH, INC.

Current Principal Place of Business:

1414 KUHL AVE
MP 2
ORLANDO, FL 32806

Current Mailing Address:

1414 KUHL AVE
MP 2
ORLANDO, FL 32806 US

FEI Number: 59-1726273

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEAM, MILDRED
207 W. GORE ST.
SUITE 201
ORLANDO, FL 32806 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: MILDRED BEAM

03/11/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT / CEO	Title	SVP, CHIEF PHYSICIAN OFFICER
Name	STRONG, DAVID	Name	HAKIM, JAMAL MD
Address	1414 KUHL AVE MP 2	Address	1414 KUHL AVE MP 2
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	SVP, CHIEF ADMINISTRATIVE OFFICER	Title	SVP, OFFICER
Name	HAWKINS, ERICK	Name	SPONG, BERNADETTE
Address	1414 KUHL AVE MP 2	Address	1414 KUHL AVE MP 2
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	SVP, AMBULATORY	Title	SVP, ASSET STRATEGY
Name	OHE, GREG	Name	TAYLOR, MATTHEW
Address	1414 KUHL AVE MP 2	Address	1414 KUHL AVE MP 2
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	SVP FINANCE, TREASURY AND ACCOUNTING	Title	VP, LEGAL AFFAIRS
Name	MILLER, JOHN E	Name	ZIKA, RYAN
Address	1414 KUHL AVE MP 2	Address	1414 KUHL AVE MP 2
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806

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

SIGNATURE: RYAN ZIKA

OFFICER

03/11/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CFO
Name FLAKE, LESLIE
Address 1414 KUHL AVE
City-State-Zip: ORLANDO FL 32806

Title COO
Name BURRISS, STEPHEN
Address 1414 KUHL AVE
MP 2
City-State-Zip: ORLANDO FL 32806