

2021 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
1414 KUHL AVE
MP 2
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

03/23/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT / CEO
Name STRONG, DAVID
Address 1414 KUHL AVE
 MP 2
City-State-Zip: ORLANDO FL 32806

Title COO
Name HAKIM, JAMAL MD
Address 1414 KUHL AVE
 MP 2
City-State-Zip: ORLANDO FL 32806

Title SVP, STRATEGIC MANAGEMENT
Name HAWKINS, ERICK
Address 1414 KUHL AVE
 MP 2
City-State-Zip: ORLANDO FL 32806

Title CFO
Name SPONG, BERNADETTE
Address 1414 KUHL AVE
 MP 2
City-State-Zip: ORLANDO FL 32806

Title SVP, AMBULATORY
Name OHE, GREG
Address 1414 KUHL AVE
 MP 2
City-State-Zip: ORLANDO FL 32806

Title VP, ASSET STRATEGY
Name TAYLOR, MATTHEW
Address 1414 KUHL AVE
 MP 2
City-State-Zip: ORLANDO FL 32806

Title D
Name MILLER, JOHN E
Address 1414 KUHL AVE
 MP 2
City-State-Zip: ORLANDO FL 32806

Title VP, LEGAL AFFAIRS
Name ZIKA, RYAN
Address 1414 KUHL AVE
 MP 2
City-State-Zip: ORLANDO FL 32806

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

VP

03/23/2021

Electronic Signature of Signing Officer/Director Detail

Date