

**2026 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

02/23/2026

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            SVP, CHIEF PHYSICIAN OFFICER  
Name            HAKIM, JAMAL MD  
Address        1414 KUHL AVE  
                  MP 2  
City-State-Zip: ORLANDO FL 32806

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

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

Title            SVP FINANCE, TREASURY AND ACCOUNTING  
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

**Continues on page 2**

*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

GENERAL COUNSEL

02/23/2026

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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