

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011214

Entity Name: ADVENTIST CARE CENTERS - COURTLAND, INC.

Current Principal Place of Business:

730 COURTLAND STREET
ORLANDO, FL 32804

Current Mailing Address:

730 COURTLAND STREET
ORLANDO, FL 32804 US

FEI Number: 20-5774723

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROMME, JEFF
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714 US

FILED
Apr 29, 2024
Secretary of State
0510007403CC

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ASSISTANT SECRETARY
Name RATHBUN, PAUL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASSISTANT SECRETARY
Name RODMAN, DAVID
Address 485 N. KELLER ROAD
SUITE 250
City-State-Zip: MAITLAND FL 32751

Title ASST. SECRETARY
Name ADDISCOTT, LYNN
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY
Name SAUNDERS, MICHAEL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASSITANT SECRETARY
Name GRAFF, JEFFREY
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name BEAULIEU, TIMOTHY
Address 10605 BOCA POINTE DRIVE
City-State-Zip: ORLANDO FL 32836

Title DIRECTOR
Name THOMPSON, MICHAEL
Address 550 E. ROLLINS STREET
City-State-Zip: ORLANDO FL 32803

Title ASSISTANT SECRETARY
Name HINDS, NIGEL
Address 485 N. KELLER ROAD
SUITE 250
City-State-Zip: MAITLAND FL 32751

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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: LYNN ADDISCOTT

ASSISTANT SECRETARY 04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, ASSISTANT SECRETARY
Name PETTIJOHN, KELLY
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title PRESIDENT, DIRECTOR, ASSISTANT SECRETARY
Name BOYCE, KEITH
Address 485 N. KELLER ROAD SUITE 250
City-State-Zip: MAITLAND FL 32751

Title CHAIRMAN, DIRECTOR
Name STILTZ, BRYAN
Address 900 HOPE WAY
City-State-Zip: ALTAMNTE SPRINGS FL 32751

Title ASSISTANT SECRETARY
Name VINCENT, HANEY
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32751

Title DIRECTOR
Name YOUNG, ANITA
Address 485 N. KELLER ROAD SUITE 250
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name MCDONALD, RAYMOND ANDREW
Address 485 N. KELLER ROAD SUITE 250 SUITE 250
City-State-Zip: MAITLAND FL 32751

Title ASSISTANT SECRETARY
Name HUFFMAN, DAVID
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32751