

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000011214

**Entity Name:** ADVENTIST CARE CENTERS - COURTLAND, INC.

**Current Principal Place of Business:**

730 COURTLAND ST.  
ORLANDO, FL 32804

**FILED**  
**Apr 18, 2019**  
**Secretary of State**  
**7109825407CC**

**Current Mailing Address:**

730 COURTLAND ST.  
ORLANDO, FL 32804

**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

*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 CD  
Name JOHNSON, SANDRA  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title AS  
Name DE PRADA, ARIEL  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title PD  
Name GIVENS, MICHELLE  
Address 485 N. KELLER ROAD  
SUITE 250  
City-State-Zip: MAITLAND FL 32751

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

Title DIRECTOR  
Name MCDONALD, RAYMOND A  
Address 2800 N. ORLANDO AVENUE  
City-State-Zip: ORLANDO FL 32804

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

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

**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:** ARIEL DE PRADA

**A.S.**

**04/18/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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

Title DIRECTOR  
Name DIXON, DARYL  
Address 1917 BRIDGEWATER DRIVE  
City-State-Zip: LAKE MARY FL 32746

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