

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001048

FILED
Apr 20, 2021
Secretary of State
4314638091CC

Entity Name: ADVENTHEALTH FAMILY MEDICINE RURAL HEALTH CLINICS, INC.

Current Principal Place of Business:

900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 27-1858033

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROMME, JEFFREY S
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 DIRECTOR
Name ADDISCOTT, LYNN
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title DIRECTOR, PRESIDENT
Name ROBERTS, KEVIN
Address 2201 S. CLEAR CREEK RD
City-State-Zip: KILLEEN TX 76549

Title DIRECTOR, VP
Name PARKER, PRIDGEN
Address 2100 S. CLEAR CREEK RD.
City-State-Zip: KILLEEN TX 76549

Title DIRECTOR, SECRETARY,
TREASURER
Name JASINSKI, KELLY
Address 2201 S. CLEAR CREEK RD.
City-State-Zip: KILLEEN TX 76549

Title DIRECTOR
Name CAIN, JAMES E. MD
Address 2201 S. CLEAR CREEK RD.
City-State-Zip: KILLEEN TX 76549

Title DIRECTOR
Name LANE, MARK S. MD
Address 2201 S. CLEAR CREEK RD.
City-State-Zip: KILLEEN TX 76549

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

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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 04/20/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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