

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001048

**FILED**  
**Apr 20, 2022**  
**Secretary of State**  
**9001779929CC**

**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 04/20/2022**

\_\_\_\_\_  
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