

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001051

Entity Name: THE COMFORTER HEALTH CARE GROUP, INC.

Current Principal Place of Business:

480 WEST CENTRAL PARKWAY
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

480 WEST CENTRAL PARKWAY
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 27-1857940

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: JEFF BROMME

04/25/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, VC
Name RIESEN, DAVE
Address ADVENTIST HEALTH SYSTEM
900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

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

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

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

Title CHAIRMAN, DIRECTOR
Name SCHOCH, PETER MD
Address 550 E. ROLLINS ST., 7TH FLOOR
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name STEPHERD, STACY
Address 103 GREENLEAF LANE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title SECRETARY, DIRECTOR
Name RANDOLPH, SANDRA
Address 430 PAR STREET
City-State-Zip: ORLANDO FL 32803

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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 C. ADDISCOTT

ASSISTANT SECRETARY

04/25/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ANKOVIAK, JO ANN
Address 15228 JOHN LAKE POINTE BLVD.
City-State-Zip: WINTER GARDEN FL 34787