

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000007256

Entity Name: ADVENTHEALTH WEST FLORIDA AMBULATORY SERVICES, INC.**FILED**
Apr 24, 2024
Secretary of State
9512376719CC**Current Principal Place of Business:**14055 RIVEREDGE DRIVE
SUITE 250
TAMPA, FL 33637**Current Mailing Address:**14055 RIVEREDGE DRIVE
SUITE 250
TAMPA, FL 33637 US**FEI Number: 47-1881744****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SCHUMAN, JESSICA
14055 RIVEREDGE DRIVE
SUITE 250
TAMPA, FL 33637 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: JESSICA SCHUMAN****04/24/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** CHAIRMAN, PRESIDENT, DIRECTOR
Name OTATTI, DAVID
Address 14055 RIVEREDGE DRIVE
SUITE 250
City-State-Zip: TAMPA FL 33637**Title** VP, SECRETARY, DIRECTOR
Name BERGHERM, BRUCE
Address 14055 RIVEREDGE DRIVE
SUITE 250
City-State-Zip: TAMPA FL 33637**Title** DIRECTOR
Name PRESSWOOD, CLAY
Address 14055 RIVEREDGE DRIVE
SUITE 250
City-State-Zip: TAMPA FL 33637**Title** ASSISTANT SECRETARY
Name BANKS, DAVID
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714**Title** TREASURER, DIRECTOR
Name DIDENKO, VADYM
Address 14055 RIVEREDGE DRIVE
SUITE 250
City-State-Zip: TAMPA FL 33637**Title** MEMBER
Name ADVENTIST HEALTH SYSTEM
SUNBELT HEALTHCARE
CORPORATION
Address ADVENTIST SYSTEM
900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714**Title** ASSISTANT SECRETARY
Name ADDISCOTT, LYNN
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714**Title** ASSISTANT SECRETARY
Name BERRIOS, TONI
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: TONI BERRIOS**ASSISTANT SECRETARY 04/24/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title ASSISTANT SECRETARY
Name GRAFF, JEFFREY
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 DIRECTOR
Name MCGUINNESS, ROBIN
Address 14055 RIVEREDGE DRIVE
SUITE 250
City-State-Zip: TAMPA FL 33637

Title DIRECTOR
Name SNIDER, JENNIFER
Address 14055 RIVEREDGE DR, SUITE 250
City-State-Zip: TAMPA FL 33637

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

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

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

Title DIRECTOR
Name WANDERSLEBEN, JENNIFER
Address 14055 RIVEREDGE DRIVE
SUITE 250
City-State-Zip: TAMPA FL 33637

Title ASSISTANT SECRETARY
Name SCHUMAN, JESSICA
Address 14055 RIVEREDGE DR, SUITE 250
City-State-Zip: TAMPA FL 33637