

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000007256

Entity Name: ADVENTHEALTH WEST FLORIDA AMBULATORY SERVICES, INC.**FILED**
May 03, 2022
Secretary of State
2295712159CC**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:**DIDENKO, DIMA
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:** DIMA DIDENKO**05/03/2022**

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 TREASURER, DIRECTOR
Name DIDENKO, VADYM
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 MEMBER
Name SUNBELT HEALTHCARE
CORPORATION
Address ADVENTIST SYSTEM
900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name JOHANNESSEN, JOHN
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

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: BRUCE BERGHERM**SECRETARY****05/03/2022**

Electronic Signature of Signing Officer/Director Detail

Date