

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000003976

**FILED**  
**Apr 21, 2021**  
**Secretary of State**  
**6881452137CC**

**Entity Name:** ADVENTHEALTH POLK SOUTH, 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: 83-4672945**

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

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

Title ASSISTANT SECRETARY  
Name FOLTZ, BOB  
Address 26300 SIENA DR.  
City-State-Zip: BONITA SPRINGS FL 34134

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

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

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

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

Title DIRECTOR  
Name HARCOMBE, DOUG  
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: LYNN C. ADDISCOTT**

**ASSISTANT SECRETARY 04/21/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HILLIARD, DOUG  
Address 601 E ROLLINS ST  
City-State-Zip: ORLANDO FL 32803

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

Title DIRECTOR  
Name WANDERSLEBEN, JENNIFER  
Address 601 E ROLLINS ST  
City-State-Zip: ORLANDO FL 32803

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

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

Title TREASURER  
Name HEINRICH, WILLIAM  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

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

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

Title PRESIDENT  
Name ADAMS, BRIAN  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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