

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000004061

Entity Name: ADVENTHEALTH POLK NORTH, 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:** 84-1793121**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHUMAN, JESSICA
14055 RIVEREDGE DR
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

04/23/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

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

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

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

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 04/23/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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