

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44225

Entity Name: ADVENTHEALTH UNIVERSITY, INC.**Current Principal Place of Business:**671 WINYAH DRIVE
ORLANDO, FL 32803**Current Mailing Address:**671 WINYAH DRIVE
ORLANDO, FL 32803 US**FEI Number:** 59-3069793**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

04/21/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TRUSTEE
Name ANDREWS, DIANE
Address 1821 ALAQUA DRIVE
City-State-Zip: LONGWOOD FL 32779

Title VC, VP
Name SMITH, RON
Address P. O. BOX 849
City-State-Zip: DECATUR GA 30031

Title TRUSTEE
Name DIXON, DARYL
Address 400 INTERNATIONAL PARKWAY
SUITE 300
City-State-Zip: LAKE MARY FL 32746

Title TRUSTEE
Name WERNER, THOMAS
Address 1670 CR 452
City-State-Zip: EUSTIS FL 32726

Title TRUSTEE
Name KUHLMAN, JEFF
Address 601 EAST ALTAMONTE DRIVE
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title TRUSTEE
Name STEWARTSON, SHANNON MHA
Address 671 WINYAH DRIVE
City-State-Zip: ORLANDO FL 32803

Title TRUSTEE
Name AZEVEDO, OLESEA
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title TRUSTEE
Name GOODMAN, TODD
Address 550 EAST ROLLINS 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** 04/21/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT, SECRETARY, TRUSTEE
Name HERNANDEZ, EDWIN
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title TRUSTEE
Name JIMENEZ, DAVID
Address 671 WINYAH DRIVE
City-State-Zip: ORLANDO FL 32803

Title TRUSTEE
Name HUBBELL, GERALD
Address 671 WINYAH DRIVE
City-State-Zip: ORLANDO FL 32803

Title ASST. SECRETARY
Name BLOCK, MARK
Address 671 WINYAH DRIVE
City-State-Zip: ORLANDO FL 32803

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

Title TRUSTEE
Name HUBBELL, GERALD
Address 671 WINYAH DRIVE
City-State-Zip: ORLANDO FL 32803

Title TRUSTEE
Name MACHADO, ALLAN
Address 671 WINYAH DRIVE
City-State-Zip: ORLANDO FL 32803

Title TRUSTEE
Name WARD, RHONDA
Address 671 WINYAH DRIVE
City-State-Zip: ORLANDO FL 32803

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