#### 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000112934

Entity Name: AHS FLORIDA DIVISION ACO, LLC

## **Current Principal Place of Business:**

101 SOUTHHALL LANE STE 150 MAITLAND, FL 32751

# **Current Mailing Address:**

101 SOUTHHALL LANE STE 150 MAITLAND, FL 32751 US

# FEI Number: 82-1652787

# 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:

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

 
 Title
 AUTHORIZED MEMBER

 Name
 FLORIDA HOSPITAL HEALTHCARE SYSTEM, INC.

 Address
 101 SOUTHHALL LANE STE 150

City-State-Zip: MAITLAND FL 32751

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FLORIDA HOSPITAL HEALTHCARE SYSTEM, INC	AUTHORIZED MEMBER	04/25/2022
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Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 25, 2022 Secretary of State 8785432143CC

Certificate of Status Desired: No

Date

Date