

2021 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

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: _____

Electronic Signature of Registered Agent

_____ Date

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 04/09/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date