2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000041925

FILED
Jun 30, 2020
Secretary of State
9199836414CC

Entity Name: ADVENTHEALTH HOME CARE EAST FLORIDA, LLC

Current Principal Place of Business:

770 W. GRANADA BLVD STE 319
ORMOND BEACH, FL 32174-5180

Current Mailing Address:

770 W. GRANADA BLVD STE 319
ORMOND BEACH, FL 32174-5180 US

FEI Number: 83-3768458

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRIMBLE, TAMARA L
900 HOPE WAY
ALTAMONTE, 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	AMBR
Name	MEMORIAL HEALTH SYSTEMS, INC.
Address	301 MEMORIAL MEDICAL PKWY
City-State-Zip:	DAYTONA BEACH FL 32117

Title	DIRECTOR
Name	NOSEWORTHY, ED
Address	ADVENTHEALTH DAYTONA BEACH 305 MEMORIAL MEDICAL PARKWAY SUITE 503, MOB
City-State-Zip:	DAYTONA BEACH FL 32117

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

Title	ASST. SECRETARY
Name	SHAW, TERRY
Address	ADVENTHEALTH 900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	ASST. SECRETARY
Name	JOHNSON, SANDRA
Address	ADVENTHEALTH 900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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

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

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

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 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: LYNN ADDISCOTT ASSISTANT SECRETARY 06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title ASST. SECRETARY
Name RATHBUN, PAUL
Address ADVENTHEALTH
900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR, ASST. SECRETARY
Name GOODMAN, TODD
Address ADVENTHEALTH CFD
550 E. ROLLINS ST.
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR, ASST. SECRETARY
Name TOL, DARYL
Address ADVENTHEALTH CFD
550 E. ROLLINS ST.
City-State-Zip: ORLANDO FL 32803

Title ASST. SECRETARY
Name BRADY, AMANDA
Address ADVENTHEALTH
900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name ADAMS, JOHN
Address ADAMS CAMERON & COMPANY
444 SEABREEZE BLVD. SUITE 670
City-State-Zip: DAYTONA BEACH FL 32118

Title DIRECTOR
Name BROWN, LONNIE
Address 37 OAKMONT CIRCLE
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name BURT, DAVID ESQ.
Address 501 S. RIDGEWOOD AVE.
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name DESAI, SURESH MD
Address 570 MEMORIAL CIRCLE
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name MCMUNN, WILLIAM
Address CONSOLIDATED TOMOKA LAND CO.
1530 CORNERSTONE BLVD. SUITE 100
City-State-Zip: DAYTONA BEACH FL 32117

Title DIRECTOR
Name SCHNEIDER, JULIE MD
Address 335 CLYDE MORRIS BLVD.
SUITE 240
City-State-Zip: ORMOND BEACH FL 32174

Title ASST. SECRETARY
Name GRAFF, JEFFREY
Address ADVENTHEALTH
900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title CHAIRMAN, TREASURER, ASST. SECRETARY, DIRECTOR
Name OTTATI, DAVID
Address 1119 SAXON BLVD.
City-State-Zip: ORANGE CITY FL 32763

Title ASST. SECRETARY
Name CHAPMAN, CULLY
Address ADVENTHEALTH
900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title DIRECTOR
Name AROCHO, JAMES MD
Address 301 MEMORIAL MEDICAL PARKWAY
City-State-Zip: DAYTONA BEACH FL 32117

Title DIRECTOR
Name BRYAN, JAMES
Address 301 MEMORIAL MEDICAL PARKWAY
City-State-Zip: DAYTONA BEACH FL 32117

Title DIRECTOR
Name CLARE, PAUL
Address 390 JOHN ANDERSON DR.
City-State-Zip: ORMOND BEACH FL 32176

Title DIRECTOR
Name FERGUSON, JOHN
Address COBB COLE
149 S. RIDGEWOOD AVE. SUITE 700
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name SCHATZ, EDDIE
Address AUSTIN OUTDOOR
PO BOX 849
City-State-Zip: BUNNELL FL 32110

Title DIRECTOR
Name ARAB, DINESH DR.
Address 305 MEMORIAL MEDICAL PARKWAY
SUITE 301
City-State-Zip: DAYTONA BEACH FL 32117

Title	DIRECTOR
Name	MARONEY, PHILIP
Address	ADVENTHEALTH DAYTONA BEACH 305 MEMORIAL MEDICAL PARKWAY 5TH FLOOR, SUITE 503
City-State-Zip:	DAYTONA BEACH FL 32117

Title	DIRECTOR
Name	DAWSON, MELINDA
Address	ADVENTHEALTH DAYTONA BEACH 305 MEMORIAL MEDICAL PARKWAY SUITE 503
City-State-Zip:	DAYTONA BEACH FL 32117