2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2024
Secretary of State
6356010286CC

DOCUMENT# L19000041925

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:

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

Title	PRESIDENT
Name	WEISS, DAVID L
Address	ADVENTHEALTH DAYTONA BEACH 305 MEMORIAL MEDICAL PARKWAY SUITE 503, MOB
City-State-Zip:	DAYTONA BEACH FL 32117
Title	ASST. SECRETARY
Name	SAUNDERS, MICHAEL
Address	ADVENTHEALTH 900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714
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

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: TONI BERRIOS ASSISTANT SECRETARY 04/30/2024

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

Authorized Person(s) Detail Continued :

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

Title ASSISTANT SECRETARY
Name BRADY, AMANDA
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32117

Title DIRECTOR
Name HAFFNER, RANDALL L PHD
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 CHAIRMAN, TREASURER, ASSISTANT SECRETARY, DIRECTOR
Name GREGORY, AUDREY
Address 301 MEMORIAL MEDICAL PARKWAY
City-State-Zip: DAYTONA BEACH FL 32117

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

Title ASSISTANT SECRETARY
Name DOMAYER, CORY
Address 301 MEMORIAL MEDICAL PARKWAY
City-State-Zip: DAYTONA BEACH FL 32117