

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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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 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** 01/17/2023

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

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 DIRECTOR
Name DAVIS, BRENT
Address 550 E. ROLLINS ST.
City-State-Zip: ORLANDO FL 32803

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