

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000066298

Entity Name: ADVENTHEALTH ACO PLUS, LLC**Current Principal Place of Business:**2600 LUCIEN WAY
MAITLAND, FL 32751**Current Mailing Address:**2600 LUCIEN WAY
MAITLAND, FL 32751 US**FEI Number:** 92-2717361**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 AMBR
Name FLORIDA HOSPITAL HEALTHCARE
SYSTEM, INC.
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGR
Name MARK BLOCK
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGR
Name NIEWALD, ANDY
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MANAGER
Name GRAY, KRISTEN MD
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGR
Name BRYAN STILTZ
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGR
Name BRANDI WEST
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGR
Name ALBRITTON, DANIELLE DO
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MANAGER
Name HABER, TANYA DO
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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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: MARK BLOCK

MANAGER

01/14/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name NEWBERG, TODD MD
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MANAGER
Name PETO, LISA
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MANAGER
Name TOBIN, JOHN MD
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MANAGER
Name O'CONNOR, DEVLIN
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MANAGER
Name REYES ARNALDY, AMY MD
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32174