

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000066298

**Entity Name:** ADVENTHEALTH ACO PLUS, LLC**Current Principal Place of Business:**900 HOPE WAY  
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**900 HOPE WAY  
ALTAMONTE SPRINGS, FL 32714 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

04/26/2024

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