FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # 726307

(2)

ADVENTIST HEALTH SYSTEM/SUNBELT, INC.

Mailing Address

FILED
Jan 31 1996 8:00 am
Secretary of State



2400 BEDFORD ROAD ORLANDO FL 32803		2400 BEDFORD ROAD ORLANDO FL 32803				
				3. Date Incorporated or Qualified 05/02/1973	3a. Date of Last Report 03/02/1995	
Principal Place of Business 2a. Mailing Addre				4. FEI Number	Applied For	
21 111 N. ORLANDO AVE.		26 111 N. ORLANDO AVE.		59-1479658	Not Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required	
City & State 23 WINTER PARK, FL		City & State 28 WINTER PARK, FL		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip 24 32789	Country 25 Orange	Zφ 29 32789	Country 30 Orange	Tionad Citation	Yes 🛂 No	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent 81 Name		
TRIMBLE, TAMARA L 2400 BEDFORD ROAD ORLANDO FL 32803				BLE, TAMARA L. Address (P.O. Box Number is Not Acceptable NORTH ORLANDO AVENU	FL 85 Zip Code 3 2 7 8 9	
11. Pursuant to the provisions of Sections 617.050? and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, Specific printed name of registered agent are title. Signature induced without renstating. (NOTE: Registered Agent segretary authorized without renstating).						
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
T-TLE	PD	DELETE	1.1 TITLE	PD	Change Addition	
NAME	BLAIR, MARDIAN J.		1.2 NAME	BLAIR, MARDIAN J.		
STREET ADDRESS	2400 BEDFORD ROAD		1.3 STREET ADDRESS	111 North Orlando	Avenue	
CITY - ST - ZIP	ORLANDO FL		14 CITY-SF-ZIP	Winter Park, FL 3:	2789-3675	
TITLE	D	DELÉTE	2.1 TITLE		Change Addition	
NAME	CENTER, RICHARD		22 NAME			
STREET ADDRESS	3978 MEMORIAL DRIVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	DECATUR GA		2 4 CITY - ST-ZIP			
TITLE	DC	XXVELETE	3 1 TITLE		Change Addition	
NAME	MILLER, CYRIL H		3 2 NAME			
STREET ADDRESS	777 SOUTH BURLESON BO	ULEVARD	3 3 STREET ADDRESS			
CITY-S1-ZIP	BURLESON TX		3 4 CITY-ST-ZIP			
TITLE	VPAS	DELETE	4 1 TIFLE	VPASD _, ,	Change Addition	
NAME	WERNER, THOMAS L		4. 2 NAME	Werner, Thomas L. 601 E. Rollins Street		
STREET ADDRESS	601 EAST ROLLINS STREET		4 3 STREET ADDRESS	Orlando, FL 32803		
CITY - ST - ZIP	ORLANDO FL		4.4 CITY - ST - ZIP	Urtando, al 32003		
TITLE		☐ DELETE	5 1 TITLE	AS	Change 🙀 Addition	
NAME			5.2 NAME	BLOCK, L. MARK		
STREET ADDRESS			5 3 STREET ADDRESS	111 NORTH ORLANDO	AVENUE_	
CITY - ST - ZIP			5 4 CITY-ST-ZIP	WINTER PARK, FL 32	789-3675	
TITLE		□ D€LETE	6 1 TITLE		Change	
NAME			6 2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY-ST-ZIP			6 4 CITY - ST - ZIP	alle facility appropriate stated in Caption 110 (

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 33 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Block. Assistant Secretary

407/975-1410

Daytin e Phone #