

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726307

FILED
Feb 07, 2012
Secretary of State

Entity Name: ADVENTIST HEALTH SYSTEM/SUNBELT, INC.

Current Principal Place of Business:

900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-1479658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROMME, JEFF
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: JERNIGAN, DONALD
Address: 900 HOPE WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T
Name: SHAW, TERRY
Address: 900 HOPE WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: AS
Name: BLOCK, MARK
Address: 900 HOPE WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: AS
Name: ADDISCOTT, LYNN
Address: 900 HOPE WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: AS
Name: DE PRADA, ARIEL
Address: 900 HOPE WAY
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: D
Name: CRAIG, CARLOS
Address: P. O. BOX 800
City-St-Zip: ALVARADO, TX 76009

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARIEL DE PRADA

AS

02/07/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date