2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760086 1. Entity Name ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPO

FILED Apr 30, 2002 8:00 am § Secretary of State

RATIO	N	PET TENETIONIE O	OHO			04-30-2002 90	102 014 *****	01.23
Principal Place of Business 111 NORTH ORLANDO AVE. WINTER PARK FL 32789 US		Mailing Address						
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2. Principa	I Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & St	tate	City & State		<u> </u>	4. FEI Number			Applied For
Zip	Country	Zip	Country		5. Certificate of S	59-2170012	\$9.75	Not Applicat
	6. Name and Address of Current	Registered Agent	_				Fee Requi	red
	·		Name		7. Name and Address of New Registered Agent			
TRIMBLE, TAMARA L 111 NORTH ORLANDO AVENUE			Street Address (P.O. Box Number is Not Acceptable)					
	PARK FL 32789		City	·- ·-				
R Thombs	un named antity with the state of			•			FL Zip Co	de
7 1116 9000	e named entity submits this statement fo	or the purpose of changing its	registered offi	ice or register	red agent, or both, in	n the state of Florida.		
CIONATURE								
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registered Agent	signature required	when reinstating)		DATE:	
		and title if applicable. (NOTI	E: Registered Agent	signature required	when reinstating)		DATE	
V .		9. Election Can Trust Fund C	npaign Financi	ing _	\$5.00 May Be Added to Fees	Make (Depa	Check Payable	e to
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indicated on this report or supplemental 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ariel De Prada

4/15/02 407-975-1413