


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90106 010 ***150.00

DOCUMENT # 843576

1. Entity Name
NORTH AMERICAN HEALTH SERVICES, INC.



Principal Place of Business
111 NORTH ORLANDO AVENUE
WINTER PARK FL 32789

Mailing Address
111 NORTH ORLANDO AVENUE
WINTER PARK FL 32789

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **62-1041820**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TRIMBLE, T.L.
111 NORTH ORLANDO AVENUE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOON, BOB NAPLES ROAD FLETCHER NC 28732	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD TRIMBLE, T. L. 111 NORTH ORLANDO AVENUE WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *T.L. Trimble* **T.L. Trimble** **4/21/03** **(407) 975-1413**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment
Adventist Health System

Adventist Health System
111 N. Orlando Avenue
Winter Park, FL 32789-3675



NUMBER

95806

32-1
1110

COPY

90138775
843576

DATE

4/24/03

*****150.00

PAY TO THE ORDER OF
3313

FLORIDA DEPARTMENT STATE
DIVISIONS OF CORPORATION
PO BOX 1500
TALLAHASSEE, FL 32302-1500

NOT VALID AFTER 90 DAYS
ACCOUNTS PAYABLE

Bank of America
Bank of America Customer
Connection
Bank of America, N.A.

AUTHORIZED SIGNATURE

⑈ 95806 ⑈ ⑆ 111000012⑆ 107 200 1810 ⑈