FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760086 (9)

1. Corporation Name

ADVENTIST HEALTH SYSTEM/SUNBELT HEALTH CARE CORP ORATION

Principal Place of Business	Mailing Address
2400 BEDFORD ROAD ORLANDO FL 32803	2400 BEDFORD ROAD ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1981
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-2170012 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

TRIMBLE, TAMARA LYNN
2400 BEDFORD ROAD
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	MILLER, CYRIL H.	1.2 NAME		
STREET ADDRESS	1904 THOUSAND OAKS DR	1.3 STREET ADDRESS	777 South Burleson Boulevard	
CITY-ST-ZIP	BURLESON TX	1.4 CITY-ST-ZIP	Burleson, TX 76028	
TITLE	PD	2.1 TITLE		☒ Change ☐ Addition
NAME	BLAIR, MARDIAN J.	2.2 NAME		
STREET ADDRESS	~~1132 DORCHESTER~~	2.3 STREET ADDRESS	2400 Bedford Road	
CITY-ST-ZIP	~~ORLANDO FL~~	2.4 CITY-ST-ZIP	Orlando, FL 32803	
TITLE	~~D~~	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	CENTER, RICHARD	3.2 NAME		
STREET ADDRESS	3978 MEMORIAL DR.	3.3 STREET ADDRESS	3978 Memorial Drive	
CITY-ST-ZIP	DECATUR GA	3.4 CITY-ST-ZIP	Decatur, GA 30032	
TITLE	~~TD~~	4.1 TITLE	D	☒ Change ☐ Addition
NAME	TREVINO, MAX	4.2 NAME		
STREET ADDRESS	777 S. BURLESON BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BURLESON TX	4.4 CITY-ST-ZIP		
TITLE	AS	5.1 TITLE	VP, AS	☐ Change ☒ Addition
NAME	BLOCK, L. MARK	5.2 NAME	Werner, Thomas L.	
STREET ADDRESS	1630 CRESCENT RD	5.3 STREET ADDRESS	601 East Rollins Street	
CITY-ST-ZIP	LONGWOOD FL	5.4 CITY-ST-ZIP	Orlando, FL 32803	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. 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)(i), 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 13 if changed, or on an attachment with an address.

SIGNATURE: R. Mark Block February 2, 1995 407-897-5509
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004161