2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 726307

Entity Name: ADVENTIST HEALTH SYSTEM/SUNBELT, INC.

Current Principal Place of Business:

111 N. ORLANDO AVE.
WINTER PARK, FL 327893675

New Principal Place of Business:

Current Mailing Address:

111 N. ORLANDO AVE.
WINTER PARK, FL 327893675

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:

TRIMBLE, TAMARA L
111 N. ORLANDO AVE.
WINTER PARK, FL 32789 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 ( ) Delete
Name: JERNIGAN, DONALD
Address: 111 N. ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: TAS ( ) Delete
Name: SHAW, TERRY
Address: 111 N. ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: AS ( ) Delete
Name: BLOCK, MARK
Address: 111 N. ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 327893675

Title: AS ( ) Delete
Name: ADDISCOTT, LYNN
Address: 111 N. ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: AS ( ) Delete
Name: DE PRADA, ARIEL
Address: 111 N ORLANDO AVE
City-St-Zip: WINTER PARK, FL 327893675

Title: AS ( ) Delete
Name: SKILTON, GARY
Address: 111 N. ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: SHAW, TERRY
Address: 111 N. ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: AS (X) Change ( ) Addition
Name: BLOCK, MARK
Address: 111 N. ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change ( ) Addition
Name: DE PRADA, ARIEL
Address: 111 N ORLANDO AVE
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ARIEL DE PRADA AS 01/14/2009

Electronic Signature of Signing Officer or Director — Date