

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760086

Entity Name: ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION**Current Principal Place of Business:**900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714 US**FEI Number: 59-2170012****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROMME, JEFF
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714 US*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**Officer/Director Detail :**

Title	AS
Name	BLOCK, L. M
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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

Title	DAS
Name	HENDERSCHIEDT, ROBERT
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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

Title	D
Name	WERNER, THOMAS L
Address	1670 CR 452
City-State-Zip:	EUSTIS FL 32726

Title	AS
Name	DE PRADA, ARIEL
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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**ASSIST. SECRETARY****01/23/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date