

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000011214

**FILED**  
**Jan 27, 2015**  
**Secretary of State**  
**CC8234238710**

**Entity Name:** ADVENTIST CARE CENTERS - COURTLAND, INC.

**Current Principal Place of Business:**

730 COURTLAND ST.  
ORLANDO, FL 32804

**Current Mailing Address:**

730 COURTLAND ST.  
ORLANDO, FL 32804

**FEI Number:** 20-5774723

**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 CD  
Name HENDERSCHEDT, ROBERT  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D  
Name RATHBUN, PAUL  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title PD  
Name GIVENS, MICHELLE  
Address 602 COURTLAND STREET - #200  
City-State-Zip: ORLANDO FL 32804

Title AS  
Name RODMAN, DAVID  
Address 602 COURTLAND STREET - #200  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name ANDERSON, ROGER  
Address 380 S. SR 434 #1004-151  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR  
Name THOMAS, EVANS  
Address 12501 OLD COLUMBIA PIKE  
City-State-Zip: SILVER SPRING MD 20904

Title DIRECTOR  
Name MCDONALD, RAYMOND A  
Address 2800 N. ORLANDO AVENUE  
City-State-Zip: ORLANDO FL 32804

**Continues on page 2**

*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

**ASSISTANT SECRETARY** 01/27/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title ASST. SECRETARY  
Name BROWN, ELINA  
Address 602 COURTLAND STREET  
SUITE 200  
City-State-Zip: ORLANDO FL 32804

Title ASST. SECRETARY  
Name SAUNDERS, MICHAEL  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY  
Name SINGLETON, DAVID  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY  
Name BLOCK, MARK  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY  
Name KENT, JOHNSON  
Address 602 COURTLAND STREET  
#200  
City-State-Zip: ALTAMONTE SPRINGS FL 32804

Title ASST. SECRETARY  
Name SHAW, TERRY D  
Address 900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714