

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000009084

**Entity Name:** ADVENTIST HEALTH SYSTEM/WEST, CORPORATION**Current Principal Place of Business:**1 ADVENTIST HEALTH WAY  
ROSEVILLE, CA 95661**Current Mailing Address:**1 ADVENTIST HEALTH WAY  
ROSEVILLE, CA 95661 US**FEI Number:** 95-3484589**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	CEO
Name	HEINRICH, KERRY
Address	1 ADVENTIST HEALTH WAY
City-State-Zip:	ROSEVILLE CA 95661

Title	SEC
Name	JOBE, MEREDITH
Address	1 ADVENTIST HEALTH WAY
City-State-Zip:	ROSEVILLE CA 95661

Title	DIR
Name	NEWTON, BRADFORD
Address	1 ADVENTIST HEALTH WAY
City-State-Zip:	ROSEVILLE CA 95661

Title	DIR
Name	FREEDMAN, JOHN
Address	1 ADVENTIST HEALTH WAY
City-State-Zip:	ROSEVILLE CA 95661

Title	COO
Name	HOFHEINS, TODD
Address	1 ADVENTIST HEALTH WAY
City-State-Zip:	ROSEVILLE CA 95661

Title	CFO
Name	BEAMAN, JOHN
Address	1 ADVENTIST HEALTH WAY
City-State-Zip:	ROSEVILLE CA 95661

*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:** MEREDITH JOBE**SECRETARY****02/08/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date