

2021 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 REINER, SCOTT
Address 1 ADVENTIST HEALTH WAY
City-State-Zip: ROSEVILLE CA 95661

Title PRES
Name WING, BILL
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 GRAHAM, RICARDO
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 DIR
Name BANKS, DAVID
Address 1 ADVENTIST HEALTH WAY
City-State-Zip: ROSEVILLE CA 95661

Title CFO
Name HOFHEINS, TODD
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****03/15/2021**

Electronic Signature of Signing Officer/Director Detail

Date