

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

95 MAR -2 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS.
--------------------------------------	---	--

DOCUMENT # 760086 (9)

1. Corporation Name

ADVENTIST HEALTH SYSTEM/SUNBELT HEALTH CARE CORP
ORATION

Principal Place of Business	Mailing Address
2400 BEDFORD ROAD ORLANDO FL 32803	2400 BEDFORD ROAD ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/17/1981	3a. Date of Last Report 02/18/1994
4. FEI Number 59-2170012	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIMBLE, TAMARA LYNN
2400 BEDFORD ROAD
ORLANDO FL 32803

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLER, CYRIL H.
STREET ADDRESS	1904 THOUSAND OAKS DR
CITY - ST - ZIP	BURLESON TX
TITLE	PD
NAME	BLAIR, MARDIAN J.
STREET ADDRESS	1132 DORCHESTER
CITY - ST - ZIP	ORLANDO FL
TITLE	-D-
NAME	CENTER, RICHARD
STREET ADDRESS	3978 MEMORIAL DR.
CITY - ST - ZIP	DECATUR GA
TITLE	TD-
NAME	TREVINO, MAX
STREET ADDRESS	777 S. BURLESON BLVD.
CITY - ST - ZIP	BURLESON TX
TITLE	AS
NAME	BLOCK, L. MARK
STREET ADDRESS	1630 CRESCENT RD
CITY - ST - ZIP	LONGWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	777 South Burleson Boulevard	
1.4 CITY - ST - ZIP	Burleson, TX 76028	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	2400 Bedford Road	
2.4 CITY - ST - ZIP	Orlando, FL 32803	
3.1 TITLE	DT	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	3978 Memorial Drive	
3.4 CITY - ST - ZIP	Decatur, GA 30032	
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	VP, AS	☐ Change ☒ Addition
5.2 NAME	Werner, Thomas L.	
5.3 STREET ADDRESS	601 East Rollins Street	
5.4 CITY - ST - ZIP	Orlando, FL 32803	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 2, 1995 407-897-5509