

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

Jan 31 1996 8:00 am

Secretary of State

DOCUMENT # **760086** (9)

1. Corporation Name

**ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION**



Principal Place of Business

Mailing Address

**2400 BEDFORD ROAD  
ORLANDO FL 32803**

**2400 BEDFORD ROAD  
ORLANDO FL 32803**

3. Date Incorporated or Qualified

**09/17/1981**

3a. Date of Last Report

**03/02/1995**

2. Principal Place of Business

**21 111 NORTH ORLANDO AVE.**

2a. Mailing Address

**26 111 NORTH ORLANDO AVE.**

4. FEI Number

**59-2170012**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

City & State

**23 WINTER PARK, FL**

City & State

**28 WINTER PARK, FL**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

Zip

**24 32789**

Country

**25 Orange**

Zip

**29 32789**

Country

**30 Orlando**

9. Name and Address of Current Registered Agent

**TRIMBLE, TAMARA LYNN  
2400 BEDFORD ROAD  
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name

**Trimble, Tamara Lynn**

82 Street Address (P.O. Box Number is Not Acceptable)

**111 North Orlando Avenue**

83

84 City

**Winter Park**

**FL**

85 Zip Code

**32789**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

**TAMARA LYNN TRIMBLE** (Signature of Tamara Lynn Trimble)

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**1/26/96**

12. OFFICERS AND DIRECTORS

TITLE **CD** ☒ DELETE

NAME **MILLER, CYRIL H.**  
STREET ADDRESS **777 SOUTH BURLESON BOULEVARD**  
CITY - ST - ZIP **BURLESON TX**

TITLE **PD** ☐ DELETE

NAME **BLAIR, MARDIAN J.**  
STREET ADDRESS **2400 BEDFORD ROAD**  
CITY - ST - ZIP **ORLANDO FL**

TITLE **DT** ☐ DELETE

NAME **CENTER, RICHARD**  
STREET ADDRESS **3978 MEMORIAL DRIVE**  
CITY - ST - ZIP **DECATUR GA**

TITLE **D** ☐ DELETE

NAME **TREVINO, MAX**  
STREET ADDRESS **777 S. BURLESON BLVD.**  
CITY - ST - ZIP **BURLESON TX**

TITLE **VPAS** ☐ DELETE

NAME **WERNER, THOMAS L**  
STREET ADDRESS **601 EAST ROLLINS STREET**  
CITY - ST - ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**PD**

**BLAIR, MARDIAN J.**

**111 NORTH ORLANDO AVENUE**

**WINTER PARK, FL 32789-3675**

**D**

**CENTER, RICHARD**

**3978 MEMORIAL DRIVE**

**DECATUR, GA**

**AS**

**BLOCK, L. MARK**

**111 NORTH ORLANDO AVENUE**

**WINTER PARK, FL 32789-3675**

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)(k), 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:

**L Mark Block**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/26/96**

Date

**407/975-1410**

Daytime Phone #

CR2E037 (12/95)