

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 18, 1999 8:00 am
Secretary of State

02-18-1999 90017 047 ****61.25

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DOCUMENT # 760086

1. Corporation Name

**ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPO
RATION**

Principal Place of Business

111 NORTH ORLANDO AVE.
WINTER PARK FL 32789
US

Mailing Address

111 NORTH ORLANDO AVE.
WINTER PARK FL 32789
US



| | | | | | |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 09/17/1981 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 59-2170012 | |
| 24 Country | | 29 Country | | 30 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| | | | | \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing <input type="checkbox"/> | |
| | | | | \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

TRIMBLE, TAMARA L
111 NORTH ORLANDO AVENUE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|------------|
| TITLE | AS | 1.1 TITLE | 09/17/1981 |
| NAME | BLOCK, L. M | 1.2 NAME | |
| STREET ADDRESS | 111 NORTH ORLANDO AVENUE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK FL | 1.4 CITY-ST-ZIP | |
| TITLE | PD | 2.1 TITLE | |
| NAME | BLAIR, MARDIAN J. | 2.2 NAME | |
| STREET ADDRESS | 111 NORTH ORLANDO AVENUE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | |
| NAME | CENTER, RICHARD | 3.2 NAME | |
| STREET ADDRESS | 3978 MEMORIAL DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DECATUR GA | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | |
| NAME | TREVINO, MAX | 4.2 NAME | |
| STREET ADDRESS | 777 S. BURLESON BLVD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BURLESON TX | 4.4 CITY-ST-ZIP | |
| TITLE | VPAS | 5.1 TITLE | |
| NAME | WERNER, THOMAS L | 5.2 NAME | |
| STREET ADDRESS | 601 EAST ROLLINS STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 5.4 CITY-ST-ZIP | |
| TITLE | PD | 6.1 TITLE | |
| NAME | 111 NORTH ORLANDO AVENUE | 6.2 NAME | |
| STREET ADDRESS | WINTER PARK FL | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PO | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *L. Block* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99 (407) 647-4400

Date

Daytime Phone #

CRZE037 (11/98)