


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 760086</b> 1. Entity Name <b>ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION</b>	
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Principal Place of Business <b>111 NORTH ORLANDO AVE. WINTER PARK, FL 32789 US</b>	Mailing Address <b>111 NORTH ORLANDO AVE. WINTER PARK, FL 32789 US</b>
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02022005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2170012</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>TRIMBLE, TAMARA L 111 NORTH ORLANDO AVENUE WINTER PARK, FL 32789</b>
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

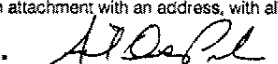
9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BLOCK, L. M 111 NORTH ORLANDO AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIR, MARDIAN J. 5288 VISTA CLUB RUN LAKE FOREST, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CENTER, RICHARD 3978 MEMORIAL DRIVE DECATUR, GA 30032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREVINO, MAX 777 S. BURLESON BLVD. BURLESON, TX 76028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WERNER, THOMAS L 111 N ORLANDO AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DE PRADA, ARIEL 111 NORTH ORLANDO AVENUE WINTER PARK, FL 32789

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02/11/05-80060-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/05

407 9751410