

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760086

FILED
Jan 14, 2009
Secretary of State

Entity Name: ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION

Current Principal Place of Business:

111 NORTH ORLANDO AVE.
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

111 NORTH ORLANDO AVE.
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 59-2170012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: BLOCK, L. M
Address: 111 NORTH ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: AS () Delete
Name: ADDISCOTT, LYNN
Address: 111 N. ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: DAS () Delete
Name: HENDERSCHIEDT, ROBERT
Address: 111 N. ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: PD () Delete
Name: JERNIGAN, DONALD
Address: 111 N. ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: WERNER, THOMAS L
Address: 1670 CR 452
City-St-Zip: EUSTIS, FL 32726

Title: AS () Delete
Name: DE PRADA, ARIEL
Address: 111 NORTH ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ARIEL DE PRADA

AS

01/14/2009

Electronic Signature of Signing Officer or Director

Date