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(((H11000249649 3)))



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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : ADVENTIST HEALTH SYSTEM

Account Number : I20050000005 Phone

Fax Number

: (407)975-1410 : (407) 975-1414

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address

Sarah.Sneath@ahss.org

REGISTERED AGENT CHA

ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATI Certificate of Status Certified Copy 0 112 Page Count Estimated Charge \$35.00

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COVER LETTER

TO: Amendment Section Division of Corporations

nbelt Healthcare Corporation
760086
ce/Agent and fee are submitted for filing.
er to the following:
Sneath
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dress
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future annual report notification)
call:
at (407) 975-1494
at (407) 975-1494 Area Code & Daytime Telephone Number
rtment of State.
Street Address: Amendment Section
Division of Corporations
Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

12/16/2011 11:24 FAX 4079751414 AHS LEGAL 200-61/-6381 12/18/2011 10:53:25 AM PAGE 1/001 FAX Server



December 16, 2011

FLORIDA DEPARTMENT OF STATE

ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION 900 HOPE WAY ALTAMONTE SPRINGS, FL 32714US

SUBJECT: ADVENTIST HEALTH SYSTEM SUBBELT HEALTHCARE CORPORATION REF: 760086

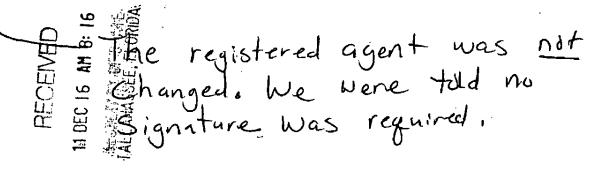
We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign this form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II FAX Aud. #: H11000249649 Letter Number: 011A00028063



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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta ange is submitted for a corporation organized under the laws of the State of ler to change its registered office or registered agent, or both, in the State of Flo		
	the corporation: Adventist Health System Sunbelt Healthe I office address: New Address: 900 Hope Way, Altamonte Springs		<u>)</u>
3. The mailing	address (if different):		_
4. Date of incom	poration/qualification: 9/17/1981 Document number:	760086	_
	d street address of the current registered agent and registered office on file with atment of State; (If resigned, enter resigned) Jeff Bromme	the	
	111 N. Orlando Avenue		
	Winter Park, FL 32789	OIVIS	
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office	- 유 로 개	
	Jeff Bromme	RY OF STATE CORPORATE	
	900 Hope Way	STA ORAL	
	P.O. Box NOT soceptable	- 24 E	
	Altamonte Springs, FL 32714	. (7	
The street addr as changed wil	ess of its registered office and the street address of the business office of its i l be identical.	registered agent,	
Such change we suthorized by t	as authorized by resolution duly adopted by its board of directors or by an or he board, or the corporation has been notified in writing of the change.	fficer so	
All	Ariel De Prada, Assistant Printed or typed name and little	Secretary	
hereby accept further agree of my duties, ar locument is be corporation ha.	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and comply at I am familiar with and accept the obligation of my position as registered a ting filed merely to reflect a change in the registered office address, I hereby to been notified in writing of this change. Date That of an entity:		
<u></u> 04 00			
T	yped or Printed Name * * * FILING FEE: \$35.00 * *)*	1000249649 3	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)