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Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : ADVENTIST HEALTH SYSTEM  
Account Number : I20050000005  
Phone : (407) 975-1410  
Fax Number : (407) 975-1414

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DIVISION OF CORPORATIONS

**\*\*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 CHANGE**  
**ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE**  
**CORPORATION**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02 3    |
| Estimated Charge      | \$35.00 |

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*@ 12/16/11*

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Corporate Filing Menu

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**H11000249649 3****COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Adventist Health System Sunbelt Healthcare Corporation  
Name of Corporation

**DOCUMENT NUMBER:** 760086

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Sneath  
Name of Contact Person

Adventist Health System  
Firm/Company

900 Hope Way  
Address

Altamonte Springs, Florida 32714  
City/State and Zip Code

Sarah.Sneath@ahss.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Sneath at ( 407 ) 975-1494  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

12/16/2011 11:24 FAX 4079751414  
850-617-6381

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December 16, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations

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

SUBJECT: ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION  
REF: 760086

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile 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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11 DEC 16 AM 8:16

TALLAHASSEE, FLORIDA

The registered agent was not  
changed. We were told no  
signature was required.

**H11000249649 3****STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Adventist Health System Sunbelt Healthcare Corporation  
 2. The principal office address: New Address: 900 Hope Way, Altamonte Springs, FL 32714

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 9/17/1981 Document number: 760086

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jeff Bromme

111 N. Orlando Avenue

Winter Park, FL 32789

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jeff Bromme

900 Hope Way

P.O. Box NOT acceptable

Altamonte Springs, FL 32714

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DIVISION OF CORPORATIONS  
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Ariel De Prada

Signature of an officer or director

Ariel De Prada, Assistant Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

**H11000249649 3**

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314