

760086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

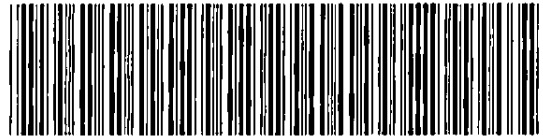
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2025 APR 10 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FL

cf 6/2/2025

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:

Marlene Durand

Name of Contact Person

AdventHealth

Firm/Company

900 Hope Way

Address

Altamonte Springs, FL 32714

City/State and Zip Code

corp.legal@adventhealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marlene Durand

Name of Contact Person

at (407)

776-5378

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 Florida
_____ 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: 900 HOPE WAY, ALTAMONTE SPRINGS, FL 32714
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/17/1981 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

900 Hope Way, Altamonte Springs, FL 32714

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

Sylvia R. Adams

902 Inspiration Avenue, Altamonte Springs, FL 32714

P.O. Box NOT acceptable

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.

Toni Berrios

Signature of an officer or director

Toni Berrios, Officer

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.*

Sylvia R. Adams

Signature of Registered Agent

3/27/2025

Date

If signing on behalf of an entity:

Sylvia R. Adams

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

FILED
2025 APR 10 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FL