


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90407 026 ****61.25

DOCUMENT # 768678 1. Entity Name SHCC SERVICES, INC.					
Principal Place of Business 602 COURTLAND ST. STE. 200 ORLANDO, FL 32804 US			Mailing Address 602 COURTLAND ST. STE 200 ORLANDO, FL 32804 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TRIMBLE, T. L 111 NORTH ORLANDO AVENUE WINTER PARK, FL 32789-3675			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMP, VANN D 602 COURTLAND ST STE-200 ORLANDO, FL 32804	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LIWAG, MELCHOR R. 602 COURTLAND ST., STE 200 ORLANDO, FL 32804	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, TERRY D 111 N ORLANDO AVE WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CENTER, RICHARD 3978 MEMORIAL DR DECATUR, GA 30032	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BLOCK, L. MARK 111 NORTH ORLANDO AVENUE WINTER PARK, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WERNER, THOMAS L 111 N ORLANDO AVE WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/VP/D ROBERT R. HENDERSCHIEDT 111 N. ORLANDO AVE WINTER PARK, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICHELLE FETTERS 602 COURTLAND ST, SUITE 200 ORLANDO, FL 32804	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARY C. SKILTON 111 N. ORLANDO AVE WINTER PARK, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: Michelle Fetters Michelle Fetters 4/28/04 407-975-3000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment

ADVENTIST HEALTH SYSTEM / SUNBELT, INC.
SUNBELT HEALTH CARE CENTERS, INC.
ADVENTIST HEALTH SYSTEM/TEXAS, INC.
MID-SOUTH NURSING HOMES, INC.
SUNBELT LEASING & MANAGEMENT SERVICES, INC.
ROLLINS BEDFORD CORPORATION
SHCC SERVICES, INC.
SUNBELT LIVING CENTERS, INC.
SHAWNEE MISSION HEALTH CARE, INC.

768678

Year: 2004

***Officers & Board Members**

1. *Robert R. Henderschedt, Sr. VP 1998-present

Adventist Health System
111 North Orlando Avenue
Winter Park, FL 32789

(407) 975-1419

2. Michelle Fetters, President June 2003- present

Adventist Care Centers
602 Courtland Street, Suite 200
Orlando, FL 32804

(407) 975-3005

3. * Richard P. Center, Treasurer 1995-present

Southern Union Conference of SDA
3978 Memorial Drive
Decatur, GA 30032

(404) 299-1832

4. Gary C. Skilton, Treasurer 1997-present

Adventist Health System
111 North Orlando Avenue
Winter Park, FL 32789

(407) 975-1460

5. J. Deryl Knutson, Treasurer 1997-present

Southwestern Union Conf. of SDA
777 South Burleson Blvd.
Burleson, TX 76028

(817) 295-0476

6. Richard K. Reiner, Sr. Vice President 1995-present

Florida Hospital
2400 Bedford Road
Orlando, FL 32803

(407) 303-7658

7. Sandra K. Johnson, Vice President 1998-present

Adventist Health System
111 North Orlando Avenue
Winter Park, FL 32789

(407) 975-1402

8. Peter M. Weber, President 1998-present

Huguley Memorial Medical Center
11801 S. Freeway
P.O. Box 6337
Fort Worth, TX 76115-0337

(817) 293-9110

9. Thomas L. Werner, President 2000 - present

Adventist Health System
111 North Orlando Avenue
Winter Park, FL 32789

(407) 975-1418

10. Terry D. Shaw, Treasurer 2000- present

Adventist Health System
111 North Orlando Avenue
Winter Park, FL 32789

(407) 975-1405

11. G. Thomas Evans, CPA, Treasurer Feb 2003-present

Mid-America Union Conference of SDA
8307 Pine Lake Road
Lincoln, NE 68516

(402) 484-3006

12. Paul C. Rathbun, Sr. Vice President Jan 2004-present

Adventist Health System
111 North Orlando Avenue
Winter Park, FL 32789

(407) 975-1473

* Robert R. Henderschedt – Chairman of the Board

** Richard P. Center – Secretary-Treasurer