

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002321

FILED  
Mar 01, 2012  
Secretary of State

**Entity Name:** SOUTH PASCO HEALTH CARE PROPERTIES, INC.

**Current Principal Place of Business:**

38250 A AVENUE  
ZEPHYRHILLS, FL 33542

**New Principal Place of Business:**

**Current Mailing Address:**

38250 A AVENUE  
ZEPHYRHILLS, FL 33542

**New Mailing Address:**

**FEI Number:** 51-0605679

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIVENS, MICHELLE  
ADVENTIST CARE CENTERS  
602 COURTLAND ST. - SUITE 200  
ORLANDO, FL 32804 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:** CD  
**Name:** HENDERSCHIEDT, ROBERT  
**Address:** 900 HOPE WAY  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**Title:** PD  
**Name:** GIVENS, MICHELLE  
**Address:** 602 COURTLAND STREET #200  
**City-St-Zip:** ORLANDO, FL 32804

**Title:** AS  
**Name:** MCMULLEN, ROBERT  
**Address:** 602 COURTLAND STREET #200  
**City-St-Zip:** ORLANDO, FL 32804

**Title:** AS  
**Name:** DE PRADA, ARIEL  
**Address:** 900 HOPE WAY  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**Title:** AS  
**Name:** ADDISCOTT, LYNN  
**Address:** 900 HOPE WAY  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**Title:** AS  
**Name:** RODMAN, DAVID  
**Address:** 602 COURTLAND STREET, SUITE 200  
**City-St-Zip:** ORLANDO, FL 32804

I hereby 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 all other like empowered.

**SIGNATURE:** ARIEL DE PRADA

AS

03/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

**South Pasco Health Care Properties, Inc.****Board Members and Officers****\*\*\*\*\*BOARD MEMBERS\*\*\*\*\***

**Peter Curran**  
2526 Walnut Heights Rd.  
Apopka, FL 32703

**Michelle Givens**  
602 Courtland Street, Suite 200  
Orlando, FL 32804

**Robert R. Henderschedt**  
900 Hope Way  
Altamonte Springs, FL 32714

**Frank McMillan**  
1302 Hampshire Place Circle  
Altamonte Springs, FL 32714

**\*\*\*\*\*OFFICERS\*\*\*\*\***

**Lynn C. Addiscott**, Asst. Secretary  
900 Hope Way  
Altamonte Springs, FL 32714

**Mark Block**, Asst. Secretary  
900 Hope Way  
Altamonte Springs, FL 32714

**Ariel De Prada**, Asst. Secretary  
900 Hope Way  
Altamonte Springs, FL 32714

**Michelle Givens**, President  
602 Courtland Street, Suite 200  
Orlando, FL 32804

**Robert R. Henderschedt**, Chairman  
900 Hope Way  
Altamonte Springs, FL 32714

**Kent Johnson**, Assist. Secretary  
602 Courtland Street - #200  
Orlando, Florida 32804

**Robert E. McMullen**, Asst. Secretary  
602 Courtland Street, Suite 200  
Orlando, FL 32804

**David L. Rodman**, Asst. Secretary  
602 Courtland Street, Suite 200  
Orlando, FL 32804

**Michael Saunders**, Asst. Secretary  
900 Hope Way  
Altamonte Springs, FL 32714

**Terry D. Shaw**, Asst. Secretary  
900 Hope Way  
Altamonte Springs, FL 32714

**David Singleton**, Asst. Secretary  
900 Hope Way  
Altamonte Springs, FL 32714