

FB00000007S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900307324909

01/05/18--01012--006 **78.75

FILED

2018 JAN -5 P 1:58
OFFICE OF THE
CLERK OF THE
PALM BEACH COUNTY, FLORIDA

D. SCOTT
JAN 8 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Osceola Health Care Properties, Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Sarah Sneath

Name of 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

407

357-2333

Name of Person

at ()
Area Code

Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED
2018 JAN -5 P 1:58
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. Osceola Health Care Properties, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. 81-3165729
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/20/2016 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. None
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1035 Red Bud Road, Calhoun, Georgia, 30701
(Principal office address)

485 N. Keller Road, Suite 250, Maitland, Florida 32751
(Current mailing address, if different)

8. Operate exclusively for charitable and educational purposes under the 501(c)(3) IRS Code.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Michelle Givens

Office Address: 485 N. Keller Road, Suite 250
Maitland, Florida 32751
(City) (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.

Michelle Givens

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

2018 JAN - 5 P 1: 5
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

12. Names and addresses of officers and/or directors

A. DIRECTORS

*Chairman: Sandra Johnson
Address: 900 Hope Way, Altamonte Springs, FL 32714

Vice Chairman: None
Address:

*Director: Michelle Givens
Address: 485 N. Keller Road, Suite 250, Maitland, FL 32751

*Director: Frank McMillian
Address: 485 N. Keller Road, Suite 250, Maitland, FL 32751
Mr. Lewis Seifert, 900 Hope Way, Altamonte Springs, FL 32714

B. OFFICERS

*President: Michelle Givens (SEE ATTACHED COMPLETE LIST OF BOARD AND OFFICERS)
Address: 485 N. Keller Road, Suite 250, Maitland, FL 32751

*Vice President: Assistant Secretary: Mark Block
Address: 900 Hope Way, Altamonte Springs, FL 32714

*Secretary: Assistant Secretary: Ariel De Prada
Address: 900 Hope Way, Altamonte Springs, FL 32714

*Treasurer: Assistant Secretary: Lynn Addiscott
Address: 900 Hope Way, Altamonte Springs, FL 32714

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Michelle Givens
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michelle Givens, President
(Typed or printed name and capacity of person signing application)

FILED
2016 JAN -5 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OSCEOLA HEALTH CARE PROPERTIES, INC.

Board Members and Officers

*****BOARD MEMBERS*****

- Michelle Givens
485 N. Keller Road
Suite 250
Maitland, FL 32751
- Sandra Johnson
900 Hope Way
Altamonte Springs, FL 32714
- Frank McMillan
1302 Hampshire Place Circle
Altamonte Springs, FL 32714
- Lewis Seifert
900 Hope Way
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
485 N. Keller Road
Suite 250
Maitland, FL 32751
- Jeffrey Graff, Assist. Secretary
900 Hope Way
Altamonte Springs, FL 32714
- Sandra Johnson, Chairman
900 Hope Way
Altamonte Springs, FL 32714

Kent Johnson, Assist. Secretary
485 N. Keller Road
Suite 250
Maitland, FL 32751

Paul Rathbun, Assist. Secretary
900 Hope Way
Altamonte Springs, FL 32714

David L. Rodman, Asst. Secretary
485 N. Keller Road
Suite 250
Maitland, FL 32751

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

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

Lewis Seifert, Assist. Secretary
900 Hope Way
Altamonte Springs, FL 32714

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JAN -5 PM 1:58

FILED

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brian P. Kemp**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Osceola Health Care Properties, Inc.

a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

2018 JAN -5 PM 1:58
FILED
Docket Number 15006709
Date Inc/ Auth/ Filed 06/20/2016
Jurisdiction Georgia
Print Date 01/03/2018
Form Number 211
SECRETARY OF STATE
ATLANTA, GEORGIA



B. P. Kemp

Brian P. Kemp
Secretary of State