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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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Hmail	Address:	Sarah	.Sneat	h@ahss.	ora
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REGISTERED AGENT CHANGE SOUTH CENTRAL NURSING HOMES, INC.

Certificate of Status	0
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COVER LETTER

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TO: Amendment Section Division of Corporations

Division of Corporations							
SUBJECT: SOUTH CENTRAL NURSING HOMES, INC. Name of Corporation							
DOCUMENT NUMBER: F96000001239							
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							
ivalue of Confact (6/50)							
Adventist Health System							
Firm/Company							
900 Hope Way Address							
Altamonte Springs, FL 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

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a c	orporation organize	607.1508, or 617.1508, Fle ed under the laws of the Sta ed agent, or both, in the Sta	te of	
1. The name of	the corporation: SOU	TH CENTRAL	NURSING HOME	S, INC.	
					_
3. The maining a	iddress (if different):				
4. Date of incorp	poration/qualification:	03/11/1996	Document number:	F96000001239	_
	d street address of the curtment of State: (If resign		nt and registered office on t	file with the	
	Jeff Bromme				
	111 N. Orlando Av	/enue			
	Winter Park, FL 3	2789			
6. The name and (if changed):	l street address of the ne	w registered agent ((if changed) and /or register	red office AHASSE	•••
	Jeff Bromme			EC I	1
	900 Hope Way				1
		P.O. Box NOT se	-	PA	
	Altamonte Springs			<u> </u>	***
The street address changed will	ess of its registered offi be identical.	ce and the street ad	dress of the business offic	e of its registered agent,	
Such change we authorized by the	as authorized by resolu- ne board, or the corpora	tion duly adopted b tion has been notif	y its board of directors or ied in writing of the chang	by an officer so ge.	
f	Deld		Ariel De Prada, As	sistant Secretary	
	to of an officer of director the appointment as reg to comply with the prov d I am familiar with an ng filed merely to refle s been notified in writin	. 1.5	agree to act in this capaci es relative to the proper ar ation of my position as reg registered office address, i		
Sig	nature of Registered Agent	- Low	Date	<u></u>	
If signing on be	half of an entity:	O.		H11000268671 3	-
T	yped or Printed Name				