

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : ADVENTIST HEALTH SYSTEM
Account Number : I20050000005
Phone : (407) 357-2333
Fax Number : (407) 357-2717

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

Email Address: Sarah.Sneath@ahss.org

RECEIVED
14 OCT 30 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
Tri-County Nursing and Rehabilitation Center, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$87.50

FILED
14 OCT 30 PM 1:24
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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

Oct. 30. 2014 9:45AM

No. 0729 P. 2

H14000253567 3

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Tri-County Nursing and Rehabilitation Center, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Sarah Sneath
Name (Printed or typed)
900 Hope Way
Address
Altamonte Springs, FL 32714
City, State & Zip
407-357-2333
Daytime Telephone number
Sarah.Sneath@ahss.org
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

See Article Added
Effective Date 10/30/14

Oct. 30. 2014 9:45AM

No. 0729 P. 3
H14000253567 3

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

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ARTICLE I NAME

The name of the corporation shall be: Tri-County Nursing and Rehabilitation Center, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

602 Courtland Street, Suite 200

Orlando, FL 32804

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to develop, own and operate one or more nursing homes in the Central Florida area as an integral part of the charitable mission of Adventist Health System Sunbelt Healthcare Corporation and the health ministry of the Seventh-day Adventist Church, which operates medical and educational institutions throughout the World.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors are appointed by the members of the Corporation for terms of up to two years. Individuals selected as directors have expertise in the operation of nonprofit nursing homes.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michelle Givens, President and Director

Address: 602 Courtland Street, Suite 200
Orlando, Florida 32804

Name and Title: Roger Anderson, Director

Address: 602 Courtland Street, Suite 200
Orlando, Florida 32804

Name and Title: Thomas Evans, Director

Address: 602 Courtland Street, Suite 200
Orlando, FL 32804

Name and Title: Robert Henderschedt, Chair and Director

Address: 900 Hope Way
Altamonte Springs, FL 32714

Name and Title: Raymond Andrew McDonald, Director

Address: 602 Courtland Street, Suite 200
Orlando, Florida 32804

Name and Title: Paul Rathbun, Director

Address: 900 Hope Way
Altamonte Springs, FL 32714

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Name and Title: Lynn Addiscott, Asst. Secretary

Address: 900 Hope Way
Altamonte Springs, FL 32714

Name and Title: Mark Block, Asst. Secretary

Address: 900 Hope Way
Altamonte Springs, FL 32714

Name and Title: Elina Brown, Asst. Secretary

Address: 600 Courtland Street, Suite 200
Orlando, FL 32804

Name and Title: Michael Saunders, Asst. Secretary

Address: 900 Hope Way
Altamonte Springs, FL 32714

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

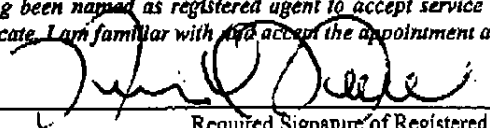
Name: Tamara L. Trimble
Address: 900 Hope Way
Altamonte Springs, FL 32714

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tamara L. Trimble
Address: 900 Hope Way
Altamonte Springs, FL 32714

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

10/30/14

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature of Incorporator

10/30/14

Date

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Article VIII next Page

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII

CORPORATE EXISTENCE/EFFECTIVE DATE OF FILING OF ARTICLES OF
INCORPORATION

The effective date of the filing of the Articles of
Incorporation shall be October 30, 2014, and the existence of
the Corporation shall be perpetual.