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Apr 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005050 (7)

1. Corporation Name

SUNBELT LIVING CENTER/EAST ORLANDO, INC.



Principal Place of Business

Mailing Address

500 WINDERLEY PLACE
SUITE 115
MAITLAND FL 32751500 WINDERLEY PLACE
SUITE 115
MAITLAND FL 32751-7206

3. Date Incorporated or Qualified

09/25/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE
CORPORATION, INC.
111 NORTH ORLANDO AVENUE
WINTER PARK FL 32789-3675

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CARUBBA, HENRY J
STREET ADDRESS 1672 SWEETWATER WEST CIRCLE
CITY-ST-ZIP APOPKA FL 327121.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VPSD
NAME HOATSON, TIM
STREET ADDRESS 2127 S. TERRACE BOULEVARD
CITY-ST-ZIP LONGWOOD FL 327792.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE STD
NAME BULLOCK, JOHN
STREET ADDRESS 1383 LAKE FRANCIS DRIVE
CITY-ST-ZIP APOPKA FL 327123.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE SD
NAME WALDEN, RELIOUS
STREET ADDRESS 411 APRIL LANE
CITY-ST-ZIP APOPKA FL 327034.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Henry J. Carubba

4/10/97

(407) 660-2440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014172

CR2E037 (9/96)