## FILED May 07, 2002 8:00 am § Secretary of State

05-07-2002 90221 010 \*\*\*\*61.25

## **DOCUMÈNT # N9600005050** 1. Entity Name

SUNBELT LIVING CENTER/EAST ORLANDO, INC.

Principal Place of Business	Mailing Address
602 COURTLAND STREET STE 200 ORLANDO FL 32804	602 COURTLAND STREET STE 200 ORLANDO FL 32804
2. Principal Place of Business	3. Mailing Address
Suite Ant # etc	Cuito Ant H at-

Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3437869 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STEWART, J D ADVENTIST HLTH SYS SUNBELT HEALTHCARE CORP 111 NORTH ORLANDO AVENUE WINTER PARK FL 32789-3675 Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CPD TITLE X Delete TITLE PD Change X Addition NAME CARUBBA, HENRY J NAME Camp, Vann D STREET ADDRESS 1672 SWEETWATER CIRCLE W STREET ADDRESS 602 Courtland St, Suite 200 CITY-ST-ZIP APOPKA FL 32712 CITY-ST-ZIP <u> Orlando, FL 32804</u> ASVD TITLE X Delete TITLE AS Change ★ Addition HOATSON, TIM NAME NAME Liwag, Melchor R. STREET ADDRESS 2127 S. TERRACE BOULEVARD STREET ADDRESS 602 Courtland St, Suite 200 CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP <u> Orlando, Fl 32804</u> ASD TITLE Delete TITLE ☐ Change ★ Addition EVERETT, MARLEY NAME NAME Shaw, Terry D. STREET ADDRESS 2411 SWEETWATER COUNTRY CLUB PL STREET ADDRESS 111 N. Orlando Ave CITY-ST-71P APOPKA FL 32712 CITY-ST-ZIP Winter Park, FL 32789 asd TITLE Delete TITLE Change ★ Addition NAME ROLL, HAROLD NAME Center, Richard STREET ADDRESS 729 MAY DAY DRIVE STREET ADDRESS 3978 Memorial DR CITY-ST-7IP APOPKA FL 32712 CITY-ST-ZIP Decatur, GA 30032 M Delete TITLE ☐ Change ★ Addition JONES, WILLIAM E NAME Block, Mark L. 1417 VALLEY PINE CIRCLE STREET ADDRESS STREET ADDRESS 111 N. Orlando Ave CITY-ST-ZIP APOPKA FL 32712 CITY-ST-ZIP <u>Winter Park. FL</u> STD **K** Delete TITI F Addition COE, WALLACE O NAME Werner, Thomas L. NAME STREET ADDRESS PO BOX 6330 STREET ADDRESS 111 N. Orlando Ave CITY-ST-ZIP DELTONA FL 32728 CITY-ST-ZIP

<u>Winter Park</u> 12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AUIR Vann D. Camp SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

407-975-3000

(9/01)