

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011214

FILED
Jan 27, 2015
Secretary of State
CC8234238710

Entity Name: ADVENTIST CARE CENTERS - COURTLAND, INC.

Current Principal Place of Business:

730 COURTLAND ST.
ORLANDO, FL 32804

Current Mailing Address:

730 COURTLAND ST.
ORLANDO, FL 32804

FEI Number: 20-5774723

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROMME, JEFF
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CD
Name HENDERSCHIEDT, ROBERT
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D
Name RATHBUN, PAUL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AS
Name DE PRADA, ARIEL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title PD
Name GIVENS, MICHELLE
Address 602 COURTLAND STREET - #200
City-State-Zip: ORLANDO FL 32804

Title AS
Name RODMAN, DAVID
Address 602 COURTLAND STREET - #200
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name ANDERSON, ROGER
Address 380 S. SR 434 #1004-151
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name THOMAS, EVANS
Address 12501 OLD COLUMBIA PIKE
City-State-Zip: SILVER SPRING MD 20904

Title DIRECTOR
Name MCDONALD, RAYMOND A
Address 2800 N. ORLANDO AVENUE
City-State-Zip: ORLANDO FL 32804

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARIEL DE PRADA

ASSISTANT SECRETARY 01/27/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name ADDISCOTT, LYNN
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY
Name BROWN, ELINA
Address 602 COURTLAND STREET
SUITE 200
City-State-Zip: ORLANDO FL 32804

Title ASST. SECRETARY
Name SAUNDERS, MICHAEL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY
Name SINGLETON, DAVID
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY
Name BLOCK, MARK
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY
Name KENT, JOHNSON
Address 602 COURTLAND STREET
#200
City-State-Zip: ALTAMONTE SPRINGS FL 32804

Title ASST. SECRETARY
Name SHAW, TERRY D
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714