

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44225

**Entity Name:** ADVENTIST UNIVERSITY OF HEALTH SCIENCES, INC.**Current Principal Place of Business:**671 WINYAH DRIVE  
ORLANDO, FL 32803**Current Mailing Address:**671 WINYAH DRIVE  
ORLANDO, FL 32803 US**FEI Number:** 59-3069793**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GREENLAW, DAVID E.  
671 WINYAH DRIVE  
ORLANDO, FL 32803 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            PRESIDENT, SECRETARY  
Name           GREENLAW, DAVID E  
Address        800 LAKE ESTELLE DRIVE  
City-State-Zip: ORLANDO FL 32803

Title            VP, CHAIRMAN  
Name           HOUMANN, LARS  
Address        2617 ORCHARD DRIVE  
City-State-Zip: APOPKA FL 32712

Title            VC  
Name           SMITH, RON  
Address        P. O. BOX 849  
City-State-Zip: DECATUR GA 30031

Title            TRUSTEE  
Name           DIXON, DARYL  
Address        400 INTERNATIONAL PARKWAY  
                 SUITE 300  
City-State-Zip: LAKE MARY FL 32746

Title            TRUSTEE  
Name           ANDREWS, DIANE  
Address        1821 ALAQUA DRIVE  
City-State-Zip: LONGWOOD FL 32779

Title            TRUSTEE  
Name           JONES, DON  
Address        900 HOPE WAY  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            TRUSTEE  
Name           CAULEY, MICHAEL  
Address        655 N. WYMORE ROAD  
City-State-Zip: WINTER PARK FL 32789

Title            TRUSTEE  
Name           SILVER, STEVE  
Address        THREE MILL ROAD  
                 SUITE 300  
City-State-Zip: WILMINGTON DE 19806

**Continues on page 2**

*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: DAVID GREENLAW****PRESIDENT****02/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name WERNER, THOMAS  
Address 1670 CR 452  
City-State-Zip: EUSTIS FL 32726

Title TRUSTEE  
Name TOL, DARYL  
Address 1420 SHADY MEADOWS LANE  
City-State-Zip: DELAND FL 32724

Title TRUSTEE  
Name KUHLMAN, JEFF  
Address 45055 RIVEREDGE DRIVE  
SUITE 250  
City-State-Zip: TAMPA FL 33637

Title TRUSTEE  
Name STEWARTSON, SHANNON MHA  
Address 671 WINYAH DRIVE  
City-State-Zip: ORLANDO FL 32803