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95 MAY -1 PM 3:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 757968 (3)

**1. Corporation Name
SANTAFE MEDICAL SERVICES, INC.**

Principal Place of Business Mailing Address
720 SW 2ND AVE. SUITE 555 8930 NW 39TH AVE.
P O BOX 749 P O BOX 749
GAINESVILLE FL 32602 GAINESVILLE FL 32602-0749
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/11/1981 **3a. Date of Last Report 03/11/1994**
4. FEI Number 59-1746989 **Applied For Not Applicable**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 8930 N.W. 39th Avenue 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
23 Gainesville, FL 28
City & State City & State
24 32606 25 USA 29 30
Zip Country Zip Country

9. Name and Address of Current Registered Agent
--TAYLOR, C. ANN--
--8930 NW 39TH AVE--
--SUITE 555--
--GAINESVILLE FL 32606--

10. Name and Address of New Registered Agent
81 Name Stephen J. deMontmollin
82 Street Address (P.O. Box Number is Not Acceptable) 8930 N.W. 39th Avenue
83
84 City Gainesville FL 85 Zip Code 32606

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Stephen J. deMontmollin* **5/9/95**
Signature, typed or printed name of registrant, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRENCH, ROYAL
STREET ADDRESS	8930 NW 39TH AVE.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	DC
NAME	MOUNGER, WILLIAM
STREET ADDRESS	8930 NW 39TH AVE.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	HUNSINGER, EDWARD M.D.
STREET ADDRESS	8930 NW 39TH AVE.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	HUGHEY, P. J
STREET ADDRESS	8930 NW 39 AVE
CITY - ST - ZIP	GAINESVILLE FL
TITLE	DVST
NAME	MONTGOMERY, JEFF
STREET ADDRESS	8930 NW 39TH AVE.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	DP
NAME	PEDDIE, EDWARD C.
STREET ADDRESS	8930 NW 39TH AVE.
CITY - ST - ZIP	GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Rossi, Richard
3.3 STREET ADDRESS	8930 N.W. 39th Avenue
3.4 CITY - ST - ZIP	Gainesville, FL 32606
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 the report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *P.J. Hughey* **P.J. HUGHEY 5/9/95 (904) 372-8400**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

REMITTED BY MAY 1