

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90084 013 ****70.00

50008338



01062005 Chg-NP CR2E037 (10/03)

DOCUMENT # 768533 1. Entity Name SANTAFE HEALTHCARE, INC.					
Principal Place of Business 4300 N W89 BLVD GAINESVILLE, FL 32606 US			Mailing Address 4300 NW 89 BLVD GAINESVILLE, FL 32606 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2317607	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DEMONTMOLLIN, STEPHEN J. 4300 NW 89 BLVD GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCT BUTLER, SCOTTIE 4300 NW 89 BLVD GAINESVILLE, FL 32606		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DEFORD, M.D. J 4300 NW 89 BLVD GAINESVILLE, FL 32606		☒ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, GEORGE 4300 NW 89 BLVD GAINESVILLE, FL 32606		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GOODE, R R 4300 NW 89 BLVD GAINESVILLE, FL 32606		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		☐ Delete		
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: Robert C. Hudson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
01/07/2005			352-337-8590		
Date			Daytime Phone #		

50008538

ATTACHMENT
SantaFe HealthCare, Inc.
Corporation #768533

(Addendum to 2005 Corporation Annual Filing)

D	Anderson, M.D., Richard, 4300 NW 89 Blvd., Gainesville, FL 32606
D – Delete	Bullard, Audrey, 4300 NW 89 th Blvd., Gainesville, FL 32606
AS	Cueny, Douglas, 4300 NW 89 th Blvd., Gainesville, FL 32606
AS	deMontmollin, Steve, 4300 NW 89 th Blvd., Gainesville, FL 32606
D – Add	Doerr, Ben, 4300 NW 89 th Blvd., Gainesville, FL 32606
DS	Dotson, Albert, 4300 NW 89 Blvd., Gainesville, FL 32606
AT	Gallagher, Michael, 4300 NW 89 th Blvd., Gainesville, FL 32606
D/P	Hudson, Robert C., 4300 NW 89 Blvd., Gainesville, FL 32606
D	McIntosh, David, 4300 NW 89 Blvd., Gainesville, FL 32606
D - Delete	Mustian, M.T., 4300 NW 89 Blvd., Gainesville, FL 32606
D	Natiello, PhD., Thomas, 4300 NW 89 Blvd., Gainesville, FL 32606
D	Sasser, PhD, Jackson, 4300 NW 89 Blvd., Gainesville, FL 32606
D	Stringfellow, Sr., James, 4300 NW 89 Blvd., Gainesville, FL 32606