2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jan 27, 2006 8:00 am **Secretary of State DOCUMENT #768533** 01-27-2006 90040 026 ****70.00 1. Entity Name SANTAFE HEALTHCARE, INC. Principal Place of Business Mailing Address 40006801 4300 N W89 BLVD 4300 NW 89 BLVD GAINESVILLE, FL 32606 US GAINSVILLE, FL 32606 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01052006 CR2E037 (11/05) City & State City & State 4. FEI Number Applied For 59-2317607 Not Applicable Zip Country Zip Country \$8.75 Additional XX 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEMONTMOLLIN, STEPHEN J. 4300 NW 89 BLVD Street Address (P.O. Box Number is Not Acceptable) GAINSVILLE, FL 32606 City 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. 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 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be \Box Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DVCT D/C TITLE ☐ Delete XX Change TITLE ☐ Addition BUTLER', SCOTTIE NAME NAME STREET ADDRESS 4300 NW 89 BLVD STREET ADDRESS CITY-ST-ZIP GAINSVILLE, FL 32606 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FLETCHER, GEORGE NAME NAME STREET ADDRESS 4300 NW 89 BLVD STREET ADDRESS CITY-ST-7IP GAINSVILLE, FL 32606 CITY-ST-ZIP TITLE **KX**Delete TITLE ☐ Change ■ Addition NAME GOODE, RR NAME STREET ADDRESS 4300 NW 89 BLVD STREET ADDRESS CITY-ST-ZIP GAINSVILLE, FL 32606 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME

FILED

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

us 1/13/06 atherine SIGNATURE: Catherine E. Ayers Catherine E. Ayers Catherine E. Ayers

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

ATTACHMENT

4006/80 / SantaFe HealthCare, Inc. Corporation #768533 (Addendum to 2006 Corporation Annual Filing)

D	Anderson, M.D., Richard, 4300 NW 89 Blvd., Gainesville, FL 32606
AS - Add	Ayers, Catherine E., 4300 NW 89 th Blvd., Gainesville, FL 32606
AS - Delete	Cueny, Douglas, 4300 NW 89 th Blvd., Gainesville, FL 32606
AS	deMontmollin, Steve, 4300 NW 89 th Blvd., Gainesville, FL 32606
D/VCT - Add	Dunlap, Joe G., 4300 NW 89 th Blvd., Gainesville, FL 32606
D	Doerr, Ben, 4300 NW 89 th Blvd., Gainesville, FL 32606
D/S	Dotson, Albert, 4300 NW 89 Blvd., Gainesville, FL 32606
AT	Gallagher, Michael, 4300 NW 89 ^t Blvd., Gainesville, FL 32606
D/P	Hudson, Robert C., 4300 NW 89 Blvd., Gainesville, FL 32606
D – Delete	McIntosh, David, 4300 NW 89 Blvd., Gainesville, FL 32606
D - Add	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