FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90045 011 ****70.00

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 768533

1. Entity Name
SANTAFE HEALTHCARE, INC.

40039716

Principal Place of Business	Mailing Address
4300 N W89 BLVD GAINESVILLE, FL 32606 US	4300 NW 89 BLVD GAINSVILLE, FL 32606 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02122008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2317607 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEMONTMOLLIN, STEPHEN J.
4300 NW 89 BLVD
GAINSVILLE, FL 32606

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, 2008

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	D/C BUTLER`, SCOTTIE 4300 NW 89 BLVD GAINSVILLE, FL 32606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, GEORGE 4300 NW 89 BLVD GAINSVILLE, FL 32606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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.

SIGNATURE: [signature] Stephen J. deMontmollin 2/22/08 352-337-8707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
400397116

SantaFe HealthCare, Inc.
Corporation #768533
(Addendum to 2008 Corporation Annual Filing)

D	Anderson, M.D., Richard, 4300 NW 89 Blvd., Gainesville, FL 32606
AT - Delete	Ayers, Catherine E., 4300 NW 89th Blvd., Gainesville, FL 32606
AS	deMontmollin, Steve, 4300 NW 89th Blvd., Gainesville, FL 32606
D	Doerr, Ben, 4300 NW 89th Blvd., Gainesville, FL 32606
D/S	Dotson, Albert, 4300 NW 89th Blvd., Gainesville, FL 32606
D/VC/T	Dunlap, Joe G., 4300 NW 89th Blvd., Gainesville, FL 32606
D/P– Change	Gallagher, Michael, 4300 NW 89t Blvd., Gainesville, FL 32606
D	Mustian, M.T., 4300 NW 89th Blvd., Gainesville, FL 32606
D	Natiello, PhD., Thomas, 4300 NW 89th Blvd., Gainesville, FL 32606
D	Sasser, PhD, Jackson, 4300 NW 89th Blvd., Gainesville, FL 32606
D	Stringfellow, Sr., James, 4300 NW 89th Blvd., Gainesville, FL 32606
AT – Add	Still, Kennie M., 4300 NW 89th Blvd., Gainesville, FL 32606