2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# 768533

Entity Name: SANTAFE HEALTHCARE, INC.

Current Principal Place of Business:

4300 N W89 BLVD
GAINESVILLE, FL 32606 US

New Principal Place of Business:

4300 NW 89 BLVD
GAINESVILLE, FL 32606 US

Current Mailing Address:

4300 NW 89 BLVD
GAINSVILLE, FL 32606 US

New Mailing Address:

4300 NW 89 BLVD
GAINESVILLE, FL 32606 US

FEI Number: 59-2317607 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D/C ( ) Delete
Name: BUTLER`, SCOTTIE
Address: 4300 NW 89 BLVD
City-St-Zip: GAINSVILLE, FL 32606

Title: D ( ) Delete
Name: FLETCHER, GEORGE
Address: 4300 NW 89 BLVD
City-St-Zip: GAINSVILLE, FL 32606

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change ( ) Addition
Name: BUTLER, SCOTTIE
Address: 4300 NW 89 BLVD
City-St-Zip: GAINESVILLE, FL 32606 US

Title: DVCT (X) Change ( ) Addition
Name: DUNLAP, JOE G
Address: 4300 NW 89 BLVD
City-St-Zip: GAINESVILLE, FL 32606 US

Title: DS ( ) Change (X) Addition
Name: DOTSON, ALBERT
Address: 4300 NW 89 BLVD.
City-St-Zip: GAINESVILLE, FL 32606 US

Title: PCEO ( ) Change (X) Addition
Name: GALLAGHER, MICHAEL P
Address: 4300 NW 89 BLVD
City-St-Zip: GAINESVILLE, FL 32606 US

Title: AT ( ) Change (X) Addition
Name: STUART, RANDALL
Address: 4300 NW 89 BLVD.
City-St-Zip: GAINESVILLE, FL 32606 US

Title: AS ( ) Change (X) Addition
Name: DEMONTMOLLIN, STEPHEN J
Address: 4300 NW 89 BLVD.
City-St-Zip: GAINESVILLE, FL 32606 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL P. GALLAGHER PCEO 01/30/2009

Electronic Signature of Signing Officer or Director — Date