# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 28, 2003 8:00 am**
**Secretary of State**
01-28-2003 90076 042 ****70.00

DOCUMENT # 768533

1. Entity Name
SANTAFE HEALTHCARE, INC.

900118O9

| Principal Place of Business | Mailing Address |
|---|---|
| 4300 N W89 BLVD<br>GAINESVILLE FL 32606<br>US | 4300 NW 89 BLVD<br>GAINSVILLE FL 32606<br>US |

☒ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| DEMONTMOLLIN, STEPHEN J.<br>4300 NW 89 BLVD<br>GAINSVILLE FL 32606 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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

| **FILE NOW: FEE IS $61.25** | 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<br>BUTLER , SCOTTIE<br>4300 NW 89 BLVD<br>GAINSVILLE FL 32606 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>DEFORD, M.D. J<br>4300 NW 89 BLVD<br>GAINSVILLE FL 32606 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FLETCHER, GEORGE<br>4300 NW 89 BLVD<br>GAINSVILLE FL 32606 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DC<br>GOODE, R R<br>4300 NW 89 BLVD<br>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 |

CR2E037 (10/02)

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:** SIGNED Robert C. Hudson 01-17-03 352-337-8590

Attachment
768533

900011809

**SantaFe HealthCare, Inc.**
**Corporation #768533**
**(Addendum to 2003 Corporation Annual Filing)**

| | |
|---|---|
| D | Anderson, M.D., Richard, 4300 NW 89 Blvd., Gainesville, FL 32606 |
| D – Add | Audrey Bullard, 4300 NW 89th Blvd., Gainesville, FL 32606 |
| D - Delete | Carr, Ph.D., Glenna, 4300 NW 89 Blvd., Gainesville, FL 32606 |
| AS - Add | Steve deMontmollin, 4300 NW 89th Blvd., Gainesville, FL 32606 |
| D | Dotson, Albert, 4300 NW 89 Blvd., Gainesville, FL 32606 |
| D – Add | Royal French, 4300 NW 89th Blvd., Gainesville, FL 32606 |
| AT | Gallagher, Michael, 4300 NW 89t Blvd., Gainesville, FL 32606 |
| D/P | Hudson, Robert C., 4300 NW 89 Blvd., Gainesville, FL 32606 |
| D | Mustian, M.T., 4300 NW 89 Blvd., Gainesville, FL 32606 |
| D | Natiello, PhD., Thomas, 4300 NW 89 Blvd., Gainesville, FL 32606 |
| AS - Delete | Rankin, Les, 4300 NW 89 Blvd., Gainesville, FL 32606 |
| D | Stringfellow, Sr., James, 4300 NW 89 Blvd., Gainesville, FL 32606 |