2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2018
Secretary of State
CC4759830908

DOCUMENT# 768533

Entity Name: SANTAFE HEALTHCARE, INC.

Current Principal Place of Business:

4300 NW 89 BLVD
GAINESVILLE, FL 32606

Current Mailing Address:

4300 NW 89 BLVD
GAINESVILLE, FL 32606 US

FEI Number: 59-2317607

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ZIEGLER, STEVEN M
4300 NW 89 BLVD
GAINSVILLE, FL 32606 US

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

Officer/Director Detail :

Title	DIRECTOR
Name	BUTLER, SCOTTIE J
Address	5521 SW 35TH WAY
City-State-Zip:	GAINESVILLE FL 32608

Title	DIRECTOR, PRESIDENT, CEO
Name	GALLAGHER, MICHAEL P
Address	4300 NW 89 BLVD
City-State-Zip:	GAINESVILLE FL 32606

Title	ASST. SECRETARY
Name	AYERS, CATHERINE E
Address	4300 NW 89 BLVD.
City-State-Zip:	GAINESVILLE FL 32606

Title	DIRECTOR
Name	FLETCHER, GEORGE E
Address	1223 NW 114TH DRIVE
City-State-Zip:	GAINESVILLE FL 32606

Title	DIRECTOR, SECRETARY
Name	DOTSON, ALBERT E
Address	17901 SW 78TH AVENUE
City-State-Zip:	PALMETTO BAY FL 33157

Title	ASST. TREASURER
Name	STUART, RANDALL L
Address	4300 NW 89 BLVD.
City-State-Zip:	GAINESVILLE FL 32606

Title	DIRECTOR
Name	DOERR, BEN I JR.
Address	1411 NW 46TH TERRACE
City-State-Zip:	GAINESVILLE FL 32605

Title	DIRECTOR, CHAIRMAN
Name	HOOD, GLENDA E
Address	1210 LANCASTER DRIVE
City-State-Zip:	ORLANDO FL 32806

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: STEVEN M ZIEGLER ASST SECRETARY 02/22/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	NATIELLO, THOMAS A PHD
Address	PO BOX 248524
City-State-Zip:	CORAL GABLES FL 33124

Title	ASST. SECRETARY
Name	ZIEGLER, STEVEN M
Address	4300 NW 89 BLVD
City-State-Zip:	GAINESVILLE FL 32606

Title	DIRECTOR, TREASURER
Name	EPLING, ROBERT L
Address	310 SW 132ND TERRACE
City-State-Zip:	NEWBERRY FL 32669

Title	DIRECTOR
Name	MOONEY, PAMELA J PHD
Address	555 5TH AVENUE NE, PH 1
City-State-Zip:	ST. PETERSBURG FL 33701

Title	DIRECTOR, VC
Name	SASSER, JACKSON N PHD
Address	271 SW 129TH TERRACE
City-State-Zip:	GAINESVILLE FL 32606

Title	DIRECTOR
Name	DAVIS, JOSEPH W
Address	4010 NW 25TH PLACE
City-State-Zip:	GAINESVILLE FL 32604

Title	DIRECTOR
Name	HUDSON, ROBERT C
Address	10876 SW 11TH LANE
City-State-Zip:	GAINESVILLE FL 32607

Title	DIRECTOR
Name	PHILIP, PAUL R
Address	1200 GINGER CIRCLE
City-State-Zip:	WESTON FL 33326