

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

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

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

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

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

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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**ASSISTANT SECRETARY 01/24/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

Title DIRECTOR, PRES/CEO
Name SCHREIBER, LAWRENCE G
Address 18768 NW 244TH STREET
City-State-Zip: HIGH SPRINGS FL 32643

Title DIRECTOR
Name LEE, JAMES D
Address 229 S. SLEIGHT STREET
City-State-Zip: NAPERVILLE IL 60540

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

Title DIRECTOR
Name FERNANDEZ, KATHERINE L
Address 17720 GULF BOULEVARD
City-State-Zip: REDINGTON SHORES FL 337088888