

2016 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, CHAIRMAN
Name BUTLER, SCOTTIE J
Address 5521 SW 35TH WAY
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR, VC
Name DUNLAP, JOE G
Address 2736 NW 77TH BLVD, MGS#263
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 DIRECTOR, PRESIDENT, CEO
Name GALLAGHER, MICHAEL P
Address 4300 NW 89 BLVD
City-State-Zip: GAINESVILLE FL 32606

Title ASST. TREASURER
Name STUART, RANDALL L
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 ANDERSON, RICHARD M DR.
Address 631 NW 28TH STREET
City-State-Zip: GAINESVILLE FL 32607

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

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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

ASST SECRETARY

02/03/2016

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name NATIELLO, THOMAS D 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 28801 SW 157TH AVENUE
City-State-Zip: HOMESTEAD FL 33033

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

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

Title DIRECTOR
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