

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745569

FILED
Jan 13, 2012
Secretary of State

Entity Name: NORTH FLORIDA RETIREMENT VILLAGE, INC.

Current Principal Place of Business:

8000 NW 27 BLVD.
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

8000 NW 27 BLVD.
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 59-1912330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZIEGLER, STEVEN M
4300 NW 89TH BLVD.
GAINESVILLE, 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: DC
Name: BROWN, LEVEDA
Address: 4001 NW 9TH COURT
City-St-Zip: GAINESVILLE, FL 32605 US

Title: DVC
Name: WALTER, HAZEL
Address: 8100 NW 27TH BLVD., APT C405
City-St-Zip: GAINESVILLE, FL 32606 US

Title: DT
Name: VILLEMAIRE, CAROL
Address: 5931 NW 1ST PLACE
City-St-Zip: GAINESVILLE, FL 32607 US

Title: DS
Name: LARCHE, JAMES JR
Address: 4041 NW 37TH PLACE, SUITE B
City-St-Zip: GAINESVILLE, FL 32606 US

Title: DCEO
Name: GALLAGHER, MICHAEL P
Address: 4300 NW 89TH BLVD.
City-St-Zip: GAINESVILLE, FL 32606 US

Title: P
Name: HART, TROY R
Address: 4300 NW 89TH BLVD.
City-St-Zip: GAINESVILLE, FL 32606 US

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: ZIEGLER, STEVEN M

AS

01/13/2012

Electronic Signature of Signing Officer or Director

Date

SANTAFe HEALTHCARE

745569
1-13-12

AvMed Health Plans
Haven Hospice
SantaFe Senior Living

VIA FAX: 850-245-6017

January 13, 2012

Division of Corporations
Attn: Sean Toner
PO Box 6327
Tallahassee, FL 32314

Re: Annual Report Filing - 745569
Confirmation/Tracking #000218263000
North Florida Retirement Village, Inc.

Dear Sir:

On January 13, 2012, I filed the Corporation Annual Report for North Florida Retirement Village, Inc., Document #745569 (attached) per filing instructions and included 6 of the principles of North Florida Retirement Village, Inc. Please find below the remaining officers & directors that need to be included on the Annual Report:

Director, R. Bruce Curry, 8041 NW 27th Blvd., Gainesville, FL 32605
Director, Larry T. Ellis, 4413 NW 51st Drive, Gainesville, FL 32606
Director, Howard Freeman, 2810 NW 31st Terr., Gainesville, FL 32606
Director, Dan Johnson, 6242 NW 19th Place, Gainesville, FL 32605
Director, James F. Painter, 2425 NE 19th Drive, Gainesville, FL 32609
Director, Robert Slaton, M.D., 10404 SW 41st Place, Gainesville, FL 32608
Director, Joyce Stechmiller, PO Box 358410, Gainesville, FL 32635
Executive Director, James Antonucci, 8000 NW 27th Blvd., Gainesville, FL 32606
Assistant Secretary, Steven M. Ziegler, 4300 NW 89th Blvd., Gainesville, FL 32606

If you have any questions, I can be contacted at 352-337-8703 or via email at Kathy.self@avmed.org.

Sincerely,

Kathy M. Self

Kathy M. Self
Executive Assistant to Michael P. Gallagher
President & CEO
SantaFe HealthCare, Inc.
Parent company of North Florida Retirement Village, Inc.

Enc: 1

4300 NW 89th Blvd., Gainesville, FL 32606

Tel: 352-372-8400

A Family of
Not-For-Profit
Companies