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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 AM 12:25

DOCUMENT # **763005** **(6)**

1. Corporation Name
SANTAFE HEALTHCARE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~720 S.W. 2ND AVE. STE. 333~~ ~~P.O.BOX 749~~ ~~GAINESVILLE FL 32602~~	8930 NW 39TH AVENUE P.O.BOX 749 GAINESVILLE FL 32606 US

3. Date Incorporated or Qualified: 04/27/1982
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-2201238 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 **8930 N.W. 39th Avenue**
Suite, Apt. #, etc. 22
City & State 23 **Gainesville, FL**
Zip 24 **32606** Country 25 **USA**

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DEMONTMOLLIN, STEPHEN J
8930 NW 39TH AVENUE
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	☐ Change ☐ Addition
NAME	DUNLAP, JOE	12 NAME	
STREET ADDRESS	8930 NW 39TH AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	READ, WILLIAM	22 NAME	
STREET ADDRESS	8930 NW 39TH AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	
TITLE	DP	31 TITLE	☐ Change ☐ Addition
NAME	PEDDIE, EDWARD C	32 NAME	
STREET ADDRESS	8930 NW 39TH AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	
TITLE	DVC	41 TITLE	☐ Change ☐ Addition
NAME	YORK, E.T.	42 NAME	
STREET ADDRESS	8930 NW 39TH AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	
TITLE	DT	51 TITLE	☐ Change ☐ Addition
NAME	BUTLER, SCOTTIE	52 NAME	
STREET ADDRESS	8930 NW 39TH AENUE	53 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE F	54 CITY-ST-ZIP	
TITLE	DS	61 TITLE	☐ Change ☐ Addition
NAME	GOODE, R. R	62 NAME	
STREET ADDRESS	8930 NW 39 AVE	63 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E.C. Peddie E.C. PEDDIE 3/20/95 (904) 372-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000289

763005

SANTAFE HEALTHCARE, INC.
BOARD OF DIRECTORS (con't)

D **FLETCHER, GEORGE E.**
8930 N.W. 39TH AVE
GAINESVILLE, FL
BUSINESS

D **DEFORD, JAMES**
8930 N.W. 39TH AVE
GAINESVILLE, FL
PHYSICIAN

D **MUSTIAN, M.T.**
8930 N.W. 39TH AVE
GAINESVILLE, FL
HEALTHCARE ADMINISTRATION

D **WYNNE, JAMES M.D.**
8930 N.W. 39TH AVE
GAINESVILLE, FL
PHYSICIAN

D **ANDERSON, RICHARD M.D.**
8930 N.W. 39TH AVE
GAINESVILLE, FL
PHYSICIAN

D **THOMAS NATIELLO, Ph.D.**
8930 N.W. 39TH AVE
GAINESVILLE, FL
EDUCATOR

D **JEROME BELOFF, M.D.**
8930 N.W. 39TH AVE
GAINESVILLE, FL
RETIRED PHYSICIAN

D **HUGH JACKSON FLOYD**
8930 N.W. 39TH AVE
GAINESVILLE, FL
HEALTHCARE ADMINISTRATION

D **CARR, GLENNA**
8930 N.W. 39TH AVE
GAINESVILLE, FL
EDUCATOR

D **STRINGFELLOW, JAMES**
8930 N.W. 39TH AVE
GAINESVILLE, FL
BUSINESS

D **ROSSI, RICHARD M.D.**
8930 N.W. 39TH AVENUE
GAINESVILLE, FL 32606
BUSINESS

D **BENNETT, EDWIN**
8930 N.W. 39TH AVENUE
GAINESVILLE, FL 32606
BUSINESS

D **DANIEL, C.B.**
8930 N.W. 39TH AVENUE
GAINESVILLE, FL 32606
BUSINESS