

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90121 005 ****70.00

0011335

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763005

1. Corporation Name

SANTAFE HEALTHCARE, INC.

Principal Place of Business

**4300 N.W. 89TH BLVD
GAINESVILLE FL 32606
US**

Mailing Address

**4300 N.W. 89TH BLVD
GAINESVILLE FL 32606
US**

* 1 7 6 8 6 8 - 9 0 1 2 1 - 5 8 *



2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

3. Date Incorporated or Qualified
04/27/1982

4. FEI Number
59-2201238

Applied For
Not Applicable

5. Certificate of Status Desired **XX**

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**DEMONTMOLLIN, STEPHEN J
4300 N.W. 89TH BLVD
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	CARR, GLENNA	
STREET ADDRESS	4300 N.W. 89TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PEDDIE, EDWARD C	
STREET ADDRESS	4300 N.W. 89TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	MOUNGER, WILLIAM	
STREET ADDRESS	4300 N.W. 89TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BULLARD, AUDREY	
STREET ADDRESS	4300 N.W. 89TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DANIEL, C.B.	
STREET ADDRESS	4300 N.W. 89TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

305.671.4916

CR2E037 (11/98)

1716868-90121-5
763005

SantaFe HealthCare, Inc.
Corporation # 763005
(Addendum to 1999 Corporation Annual Report)

D Daniels, Al 4300 NW 89 Blvd., Gainesville, FL 32606

D - Add DeFord, M.D., James 4300 NW 89 Blvd., Gainesville, FL 32606

D Dinkins, Arnold 4300 NW 89 Blvd., Gainesville, FL 32606

D French, Royal 4300 NW 89 Blvd., Gainesville, FL 32606

D Martsolf, Mary 4300 NW 89 Blvd., Gainesville, FL 32606

D Nell, Cathy 4300 NW 89 Blvd., Gainesville, FL 32606

D - Delete Rossi, Richard 4300 NW 89 Blvd., Gainesville, FL 32606

D Stringfellow, Sr., James 4300 NW 89 Blvd., Gainesville, FL 32606

D Townsend, Wallace 4300 NW 89 Blvd., Gainesville, FL 32606

Asst Secretary Hughey, Philp J., 4300 NW 89 Blvd, Gainesville, FL 32606