

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763005

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2201238

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEMONTMOLLIN, STEPHEN J  
4300 N.W. 89TH BLVD  
GAINESVILLE FL 32606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME DANIELS, AL  
STREET ADDRESS 4300 N.W. 89TH BLVD  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT ☐ Delete  
NAME DINKINS, ARNOLD  
STREET ADDRESS 4300 N.W. 89TH BLVD  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVC ☐ Delete  
NAME MOUNGER, WILLIAM  
STREET ADDRESS 4300 N.W. 89TH BLVD  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☐ Delete  
NAME BULLARD, AUDREY  
STREET ADDRESS 4300 N.W. 89TH BLVD  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DC ☐ Delete  
NAME DANIEL, C.B.  
STREET ADDRESS 4300 N.W. 89TH BLVD  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FRENCH, ROYAL  
STREET ADDRESS 4300 N.W. 89TH BLVD  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*(Signature)* Rankin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/01

Date

(352) 337-8706

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

**SantaFe HealthCare, Inc.  
Corporation #763005  
(Addendum to 2001 Corporation Annual Filing)**

814259  
# 763005

- D Martsof, Mary, 4300 NW 89 Blvd., Gainesville, FL 32606
- D Nell, Cathy, 4300 NW 89 Blvd., Gainesville, FL 32606
- D Townsend, Wallace, 4300 NW 89 Blvd., Gainesville, FL 32606
- AS – Delete Hughey, Philip Jan, 4300 NW 89 Blvd., Gainesville, FL 32606
- AS – Add Rankin, Les C., 4300 NW 89 Blvd., Gainesville, FL 32606
- AT – Add Still, Ken, 4300 NW 89 Blvd., Gainesville, FL 32606