

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763005

1. Entity Name

SANTAFE HEALTHCARE, INC.

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90027 020 ****70.00

80018358



DO NOT WRITE IN THIS SPACE

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 Suite, Apt. #, etc.		3. Mailing Address 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 <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DANIELS, AL	
STREET ADDRESS	4300 N.W. 89TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DINKINS, ARNOLD	
STREET ADDRESS	4300 N.W. 89TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	DVC	<input checked="" 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	DC	<input type="checkbox"/> Delete
NAME	DANIEL, C.B.	
STREET ADDRESS	4300 N.W. 89TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRENCH, ROYAL	
STREET ADDRESS	4300 N.W. 89TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32606	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	French, Royal	
STREET ADDRESS	4300 NW 89th Blvd.	
CITY-ST-ZIP	Gainesville, FL 32606	

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: Leslie Rankin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02 352-372-8400
Date Daytime Phone #

CR2E037 (9/01)

Attachment
B0018358

SantaFe HealthCare, Inc.
Corporation #763005
(Addendum to 2002 Corporation Annual Filing)

- D - Add Hughey, Philip J., 4300 NW 89th Blvd., Gainesville, FL 32606
- 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 Rankin, Les C., 4300 NW 89 Blvd., Gainesville, FL 32606
- AT – Delete Still, Ken, 4300 NW 89 Blvd., Gainesville, FL 32606
- AT – Add Gallagher, Michael, 4300 NW 89 Blvd., Gainesville, FL 32606