FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 -5 PM 3:14

DOCUMENT # 768532 (4)

1. Corporation Name
SANTAFE HEALTHCARE FACILITIES, INC.

Principal Place of Business	Mailing Address
~~720 S.W. 2ND AVE. STE. 335~~ ~~P.O.BOX 749~~ ~~GAINESVILLE FL 32602~~	8930 NW 39TH AVENUE P.O.BOX 749 GAINESVILLE FL 32606 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1983
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2354171 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21 8930 N.W. 39th Avenue	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Gainesville, FL	28 City & State
24 Zip 32606 / 25 Country USA	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

DEMONTMOLLIN, STEPHEN J
8930 NW 39TH AVENUE
SUITE 300
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	1.1 TITLE	☐ Change ☐ Addition
NAME	DUNLAP, JOE	1.2 NAME	
STREET ADDRESS	8930 NW 39TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	DVC	2.1 TITLE	☐ Change ☐ Addition
NAME	YORK, E T	2.2 NAME	
STREET ADDRESS	8930 NW 39TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D/P	3.1 TITLE	☐ Change ☐ Addition
NAME	PEDDIE, EDWARD C	3.2 NAME	
STREET ADDRESS	8930 N.W. 39TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	GOODE, RAY	4.2 NAME	
STREET ADDRESS	8930 NW 39TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CARR, GLENNA	5.2 NAME	
STREET ADDRESS	8930 NW 39TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	
TITLE	DT	6.1 TITLE	☐ Change ☐ Addition
NAME	BUTLER, SCOTTIE	6.2 NAME	
STREET ADDRESS	8930 NW 39TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	6.4 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)(i), 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 MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

000818

SANTAFE HEALTHCARE FACILITIES, INC.

BOARD OF DIRECTORS
(con't)

D	DeFord, James	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Wynne, James	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Mustian, M.T.	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Bennett, Edwin	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Read, William	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Rossi, Richard	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Fletcher, George	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Anderson, Richard	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Natiello, Thomas	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Beloff, Jerome	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Stringfellow, Jim	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Floyd, Jack	8930 N.W. 39th Avenue	Gainesville, FL 32606