

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 768532 (4)

1. Corporation Name

SANTAFE HEALTHCARE FACILITIES, INC.



600001837376

-07/18/96--01008--043

***70.00

Principal Place of Business

Mailing Address

~~8335 NW 30 AVE -~~
~~GAINESVILLE FL 32608~~
~~US~~

8930 NW 39TH AVENUE
P.O. BOX 749
GAINESVILLE FL 32606
US

3. Date Incorporated or Qualified
05/19/1983

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

21 4300 N.W. 89th Blvd.

2a. Mailing Address

26 4300 N.W. 89th Blvd.

4. FEI Number

59-2354171

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEMONTMOLLIN, STEPHEN J

~~8930 NW 89TH AVENUE -~~
~~SUITE 300 -~~
~~GAINESVILLE FL 32606~~

81 Name

deMontmollin, Stephen J.

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

4300 N.W. 89th Blvd.

83

84 City

Gainesville

FL

85 Zip Code

32606

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

Stephen J. deMontmollin
Signature, typed or printed name of registered agent and date if applicable to

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~DC~~ ☒ DELETE
NAME ~~DUNLAP, JOE~~
STREET ADDRESS ~~8930 NW 39TH AVE -~~
CITY-ST-ZIP ~~GAINESVILLE FL -~~

TITLE ~~DVC~~ ☒ DELETE
NAME ~~YORK, ET~~
STREET ADDRESS ~~8930 NW 39TH AVE~~
CITY-ST-ZIP ~~GAINESVILLE FL -~~

TITLE D ☐ DELETE
NAME PEDDIE, EDWARD C
STREET ADDRESS 8930 N.W. 39TH AVENUE
CITY-ST-ZIP GAINESVILLE FL

TITLE ~~SO~~ ☐ DELETE
NAME ~~GOODE, RAY~~
STREET ADDRESS ~~8930 NW 39TH AVE -~~
CITY-ST-ZIP ~~GAINESVILLE FL -~~

TITLE ~~D~~ ☐ DELETE
NAME ~~CARR, GLENNA~~
STREET ADDRESS ~~8930 NW 39TH AVE -~~
CITY-ST-ZIP ~~GAINESVILLE FL -~~

TITLE ~~BT~~ ☒ DELETE
NAME ~~BUTLER, SCOTTIE~~
STREET ADDRESS ~~8930 NW 39TH AVE -~~
CITY-ST-ZIP ~~GAINESVILLE FL -~~

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

DC ☒ Change ☐ Addition
Carr, Ed.D., Glenna
4300 N.W. 89th Blvd.
Gainesville, FL 32606

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

DS ☐ Change ☒ Addition
Bennett, Edwin
4300 N.W. 89th Blvd.
Gainesville, FL 32606

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

P ☒ Change ☐ Addition
PEDDIE, EDWARD
4300 N.W. 89th Blvd.
Gainesville, FL 32606

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

DT ☐ Change ☒ Addition
W. Arnold Dinkins
4300 N.W. 89th Blvd.
Gainesville, FL 32606

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

DVC ☐ Change ☒ Addition
Mounger, William
4300 NW 89 Blvd.
Gainesville, FL 32606

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition
Asst Secretary
Philip J. Hughey
4300 NW 89 Blvd
Gainesville, FL 32606

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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip J. Hughey
Date 4/26/96
Daytime Phone # 353-717196

CR2E037 (12/95)