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Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768532 (4)

1. Corporation Name

SANTAFE HEALTHCARE FACILITIES, INC.



Principal Place of Business

Mailing Address

4300 NW 89TH BLVD
GAINESVILLE FL 32606
US4300 NW 89TH BLVD
GAINESVILLE FL 32606-5688
US3. Date Incorporated or Qualified
05/19/19833a. Date of Last Report
07/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-2354171Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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
4300 NW 89TH BLVD
GAINESVILLE FL 32606

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC
NAME CARR, ED D
STREET ADDRESS 4300 NW 89TH BLVD
CITY - ST - ZIP GAINESVILLE FL 326061.1 TITLE DC
1.2 NAME Carr, Glenna
1.3 STREET ADDRESS 4300 NW 89 Blvd.
1.4 CITY - ST - ZIP Gainesville, FL 32606TITLE DS
NAME BENNETT, EDWIN
STREET ADDRESS 4300 NW 89TH BLVD
CITY - ST - ZIP GAINESVILLE FL 326062.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE P
NAME PEDDIE, EDWARD C
STREET ADDRESS 4300 NW 89TH BLVD
CITY - ST - ZIP GAINESVILLE FL 326063.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE DT
NAME DINKINS, W. ARNOLD
STREET ADDRESS 4300 NW 89TH BLVD
CITY - ST - ZIP GAINESVILLE FL 326064.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE DVC
NAME CARR, GLENNA
STREET ADDRESS 4300 NW 89TH BLVD
CITY - ST - ZIP GAINESVILLE FL 326065.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE AS
NAME HUGHEY, PHILIP J
STREET ADDRESS 4300 NW 89TH BLVD
CITY - ST - ZIP GAINESVILLE FL 326066.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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

2/27/97

(352) 337-8700

Date

Daytime Phone #0011021

CR2E037 (9/96)