


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA 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 4300 NW 89TH BLVD GAINESVILLE FL 32606 US	Mailing Address 4300 NW 89TH BLVD GAINESVILLE FL 32606 US
---	---

3. Date Incorporated or Qualified 05/19/1983
4. FEI Number 59-2354171
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent DEMONTMOLLIN, STEPHEN J 4300 NW 89TH BLVD 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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
DC CARR, GLENA 4300 NW 89TH BLVD GAINESVILLE FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
DS BENNETT, EDWIN 4300 NW 89TH BLVD GAINESVILLE FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
P PEDDIE, EDWARD C 4300 NW 89TH BLVD GAINESVILLE FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
DT DINKINS, W. ARNOLD 4300 NW 89TH BLVD GAINESVILLE FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
DVC CARR, GLENN 4300 NW 89TH BLVD GAINESVILLE FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
AS HUGHEY, PHILIP J 4300 NW 89TH BLVD GAINESVILLE FL 32606	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DS Bullard, Audrey 4300 NW 89 Blvd. Gainesville, FL 32606	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DVC Mounger, William 4300 NW 89 Blvd. Gainesville, FL 32606	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
700002446997 -03/04/98--01035--016 ***70.00	

14. 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 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: _____

CR2E037 (10/97)

2

**Health Improvement, Inc.
Corporation # 768533
(Addendum to 1998 Corporation Annual Report)**

- D Anderson, M.D., Richard 4300 NW 89 Blvd., Gainesville, FL 32606
- D Carr, Glenna 4300 NW 89 Blvd., Gainesville, FL 32606
- D Dotson, Albert 4300 NW 89 Blvd., Gainesville, FL 32606
- D Floyd, H. Jackson 4300 NW 89 Blvd., Gainesville, FL 32606
- D Leiva, Maria Camila 4300 NW 89 Blvd, Gainesville, FL 32606
- D Mustian, M.T. 4300 NW 89 Blvd, Gainesville, FL 32606
- D Natiello, Ph.D., Thomas 4300 NW 89 Blvd, Gainesville, FL 32606
- D Rossi, Richard 4300 NW 89 Blvd., Gainesville, FL 32606
- D Stringfellow, Sr., James 4300 NW 89 Blvd., Gainesville, FL 32606
- D - Delete Daniel, C.B. 4300 NW 89 Blvd., Gainesville, FL 32606
Asst Secretary Hughey, Philp J., 4300 NW 89 Blvd, Gainesville, FL 32606