


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90034 020 \*\*\*\*70.00

0011341

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 768532</b>					
1. Corporation Name <b>SANTAFE HEALTHCARE FACILITIES, INC.</b>					
Principal Place of Business <b>4300 NW 89TH BLVD GAINESVILLE FL 32606 US</b>			Mailing Address <b>4300 NW 89TH BLVD GAINESVILLE FL 32606 US</b>		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>05/19/1983</b>	
				4. FEI Number <b>59-2354171</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <b>XX</b> <b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>DEMONTMOLLIN, STEPHEN J 4300 NW 89TH BLVD GAINESVILLE FL 32606</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARR, GLENA			1.2 NAME			
STREET ADDRESS	4300 NW 89TH BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			1.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BULLARD, AUDREY			2.2 NAME			
STREET ADDRESS	4300 NW 89TH BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32606			2.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEDDIE, EDWARD C			3.2 NAME			
STREET ADDRESS	4300 NW 89TH BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32606			3.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DINKINS, W. ARNOLD			4.2 NAME			
STREET ADDRESS	4300 NW 89TH BLVD			4.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32606			4.4 CITY-ST-ZIP			
TITLE	DVC	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOUNGER, WILLIAM			5.2 NAME			
STREET ADDRESS	4300 NW 89TH BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32606			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOTSON, ALBERT			6.2 NAME			
STREET ADDRESS	4300 NW 89TH BLVD			6.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32606			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: [Signature] DATE: 1/8/99 305 671 4916  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)