2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2012
Secretary of State

DOCUMENT# N16538

Entity Name: AVMED, INC.

Current Principal Place of Business:

9400 SOUTH DADELAND BLVD.
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

4300 NW 89TH BLVD
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 59-2742907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ZIEGLER, STEVEN M
4300 NW 89TH BLVD
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DC
Name: DUNLAP, JOE G
Address: 4300 NW 89 BLVD
City-St-Zip: GAINESVILLE, FL 32606 US

Title: DVCT
Name: WILLIAMSON, GEORGE E II
Address: 4300 NW 89 BLVD
City-St-Zip: GAINESVILLE, FL 32606 US

Title: DS
Name: EPLING, ROBERT L
Address: 4300 NW 89 BLVD
City-St-Zip: GAINESVILLE, FL 32606 US

Title: DCEO
Name: GALLAGHER, MICHAEL P
Address: 4300 NW 89 BLVD
City-St-Zip: GAINESVILLE, FL 32606 US

Title: P
Name: HANNUM, EDWIN W
Address: 4300 NW 89 BLVD
City-St-Zip: GAINESVILLE, FL 32606 US

Title: AT
Name: STUART, RANDALL L
Address: 4300 NW 89 BLVD
City-St-Zip: GAINESVILLE, FL 32606 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN M. ZIEGLER AS 01/13/2012

Electronic Signature of Signing Officer or Director — Date

N16538
1-13-12

SANTAFE HEALTHCARE

AvMed Health Plans
Haven Hospice
SantaFe Senior Living

VIA FAX: 850-245-6017

January 13, 2012

Division of Corporations
Attn: Sean Toner
PO Box 6327
Tallahassee, FL 32314

Re: Annual Report Filing – N16538
Confirmation/Tracking #800218239528
AvMed, Inc.

Dear Sir:

On January 13, 2012, I filed the Corporation Annual Report for AvMed, Inc., Document #N16538 (attached) per filing instructions and included 6 of the principles of AvMed, Inc. Please find below the remaining officers & directors that need to be included on the Annual Report:

Director, Antonio L. Argiz, 4300 NW 89th Blvd., Gainesville, FL 32606
Director, Joseph W. Davis, 4300 NW 89th Blvd., Gainesville, FL 32606
Director, Hugh J. Floyd, 4300 NW 89th Blvd., Gainesville, FL 32606
Director, Gordon L. Johnson, 4300 NW 89th Blvd., Gainesville, FL 32606
Director, Robert C. Hudson, 4300 NW 89th Blvd., Gainesville, FL 32606
Director, John M. Ludden, M.D., 4300 NW 89th Blvd., Gainesville, FL 32606
Director, Pamela J. Mooney, 4300 NW 89th Blvd., Gainesville, FL 32606
Director, Paul R. Philip, 4300 NW 89th Blvd., Gainesville, FL 32606
Assistant Secretary, Catherine E. Ayers, 4300 NW 89th Blvd., Gainesville, FL 32606
Assistant Secretary, Steven M. Ziegler, 4300 NW 89th Blvd., Gainesville, FL 32606
Assistant Treasurer, Randall L. Stuart, 4300 NW 89th Blvd., Gainesville, FL 32606

If you have any questions, I can be contacted at 352-337-8703 or via email at Kathy.self@avmed.org.

Sincerely,

Kathy M. Self

Kathy M. Self
Executive Assistant to Michael P. Gallagher
President & CEO
SantaFe HealthCare, Inc.
Parent company of AvMed, Inc.

Enc: 1