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Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41822 (0)

1. Corporation Name
SANTAFE COMMUNITY CARE, INC.



Principal Place of Business 3303 N.W. 83RD ST. GAINESVILLE FL 32606 US	Mailing Address 3303 N.W. 83RD ST. GAINESVILLE FL 32606-6227 US
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2. Principal Place of Business 21	2a. Mailing Address 26 PO Box 100303	3. Date Incorporated or Qualified 01/28/1991	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3051104	Applied For Not Applicable
City & State 23	City & State 28 Gainesville, FL	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
Zip 24	Country 25	Zip 29 32610	Country 30 USA

9. Name and Address of Current Registered Agent GRILL, LEONARD J P O BOX 100303 1329 SW 16TH ST GAINESVILLE FL 32608		10. Name and Address of New Registered Agent	
		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 Leonard J. Grill DATE 04/30/97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME METTS, PAUL	1.1 TITLE PD	NAME Deborah Lombardi
STREET ADDRESS 1600 SW ARCHER RD	CITY-ST-ZIP GAINESVILLE FL	1.2 NAME	1.3 STREET ADDRESS 1600 SW Archer Road, Box 100335
TITLE DC	NAME MONTGOMERY, JEFF	1.4 CITY-ST-ZIP Gainesville, Florida 32610-0335	2.1 TITLE D
STREET ADDRESS 8930 NW 39TH AVENUE	CITY-ST-ZIP GAINESVILLE FL	2.2 NAME	2.2 NAME Lakay Banks
TITLE DST	NAME CHANCE, JEAN	2.3 STREET ADDRESS 1335 SE 11th Avenue	2.3 STREET ADDRESS 2630-A NW 41st Street
STREET ADDRESS 8930 NW 39TH AVENUE	CITY-ST-ZIP GAINESVILLE FL	2.4 CITY-ST-ZIP Gainesville, Florida 32606	2.4 CITY-ST-ZIP Gainesville, Florida 32611-2084
TITLE	NAME	4.1 TITLE D	4.1 TITLE D
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME Lakay Banks	4.2 NAME Lakay Banks
TITLE	NAME	4.3 STREET ADDRESS 1335 SE 11th Avenue	4.3 STREET ADDRESS 1335 SE 11th Avenue
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP Gainesville, Florida 32641	4.4 CITY-ST-ZIP Gainesville, Florida 32641
TITLE	NAME	5.1 TITLE D	5.1 TITLE D
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME Gloria Martin	5.2 NAME Gloria Martin
TITLE	NAME	5.3 STREET ADDRESS 901 NW 8th Ave, Suite A-2	5.3 STREET ADDRESS 901 NW 8th Ave, Suite A-2
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP Gainesville, Florida 32601	5.4 CITY-ST-ZIP Gainesville, Florida 32601
TITLE	NAME	6.1 TITLE D	6.1 TITLE D
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME Larry Barnett	6.2 NAME Larry Barnett
TITLE	NAME	6.3 STREET ADDRESS 6123 Lundy Place	6.3 STREET ADDRESS 6123 Lundy Place
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP Burke, VA 22015	6.4 CITY-ST-ZIP Burke, VA 22015

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.

CP2E037 (9/96)

SIGNATURE *Deborah Lombardi* 352-295-0198