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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 P.O. BOX 10030 GAINESVILLE FL 32606 US
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3. Date Incorporated or Qualified 01/28/1991
4. FEI Number 59-3051104
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 100303 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
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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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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
85 Zip Code FL 32610-0303

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 617.0504, Florida Statutes.

SIGNATURE Leonard J. Grill *Leonard J. Grill* DATE 04/29/98

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARDI, DEBORAH	1.2 NAME	
STREET ADDRESS	1600 SW ARCHER RD., BOX 100335	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, JEFF	2.2 NAME	
STREET ADDRESS	2830-A NW 41ST ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANCE, JEAN	3.2 NAME	
STREET ADDRESS	UF, 3046 WEIMER HALL	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKS, LAKAY	4.2 NAME	
STREET ADDRESS	1335 SE 11TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, GLORIA	5.2 NAME	
STREET ADDRESS	901 NW 8TH AVE, STE. A-2	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, LARRY	6.2 NAME	
STREET ADDRESS	6123 LUNDY PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BURKE VA	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.

SIGNATURE: Deborah Lombardi *Deborah Lombardi* DATE 04/29/98 252-205-8051

CFR2E037 (10/97)