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**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90021 050 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41822**

1. Corporation Name  
**SANTAFE COMMUNITY CARE, INC.**

275627 - 90021 - 50

Principal Place of Business 3303 N.W. 83RD ST. GAINESVILLE FL 32606 US	Mailing Address P.O. BOX 100303 GAINESVILLE FL 32610-0303 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/28/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3051104
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> <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

**GRILL, LEONARD J**  
**P O BOX 100303**  
**1329 SW 16TH ST**  
**GAINESVILLE FL 32610**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOMBARDI, DEBORAH	
STREET ADDRESS	1600 SW ARCHER RD., BOX 100335	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	MONTGOMERY, JEFF	
STREET ADDRESS	2630-A NW 41ST ST.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHANCE, JEAN	
STREET ADDRESS	UF, 3046 WEIMER HALL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BANKS, LAKAY	
STREET ADDRESS	1335 SE 11TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN, GLORIA	
STREET ADDRESS	901 NW 8TH AVE, STE. A-2	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARNETT, LARRY	
STREET ADDRESS	6123 LUNDY PLACE	
CITY-ST-ZIP	BURKE VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Barnett, Larry	
1.3 STREET ADDRESS	6123 Lundy Place	
1.4 CITY-ST-ZIP	Burke, VA 22015	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Montgomery, Jeff	
2.3 STREET ADDRESS	2630A NW 41st ST	
2.4 CITY-ST-ZIP	Gainesville, FL 32606	
3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Warren, Karen	
3.3 STREET ADDRESS	3303 NW 83rd ST	
3.4 CITY-ST-ZIP	Gainesville, FL 32606	
4.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gay, Greg H.	
4.3 STREET ADDRESS	1329 SW 16th ST, Box 100336	
4.4 CITY-ST-ZIP	Gainesville, FL 32610	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Athearn, Don	
5.3 STREET ADDRESS	2528 NW 63rd Terr	
5.4 CITY-ST-ZIP	Gainesville, FL 32605	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Besalski, Robert Rev.	
6.3 STREET ADDRESS	4520 NW 16th PL	
6.4 CITY-ST-ZIP	Gainesville, FL 32605	

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, on an attachment with an address, with all other like empowered.

SIGNATURE: Greg H. Gay DATE: 3/11/99 DAYTIME PHONE #: (352) 395-8304

CR2E037 (11/98)

275627-90021-50  
N41822

CONTINUED...

13. Additions/Changes to Officers and Directors in 12.

1.1 Title D Addition  
1.2 Name Gainer, Mary  
1.3 Address 6015 SW 36th Way  
1.4 City, St Gainesville, FL 32608

1.1 Title D Addition  
1.2 Name Guerrin, Paula  
1.3 Address 6701 NW 52nd Terrace  
1.4 City, St Gainesville, FL 32653