

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 749322**

1. Entity Name

SHANDS TEACHING HOSPITAL AND CLINICS, INC.**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90010 019 ****70.00

Principal Place of Business

**1600 SW ARCHER ROAD
GAINESVILLE FL 32608
US**

Mailing Address

**P.O. BOX 100303
GAINESVILLE FL 32610-0303
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1943502

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRILL, LEONARD J ESQ
1329 SW 16TH T STE 5251
GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	YOUNG, CHARLES PH.D	
STREET ADDRESS	226 TIGERT, UNIV OF FLA	
CITY-ST-ZIP	GAINESVILLE FL 32611	

TITLE	VD	<input type="checkbox"/> Delete
NAME	GAINTER, RICHARD J	
STREET ADDRESS	1600 SW ARCHER ROAD, BOX 100326	
CITY-ST-ZIP	GAINESVILLE FL 32610	

TITLE	D	<input type="checkbox"/> Delete
NAME	COPELAND, EDWARD M III	
STREET ADDRESS	1600 SW ARCHER ROAD	
CITY-ST-ZIP	GAINESVILLE FL 32608	

TITLE	T	<input type="checkbox"/> Delete
NAME	ROBINSON, WILLIAM	
STREET ADDRESS	1600 SW ARCHER ROAD, BOX 100327	
CITY-ST-ZIP	ORLANDO FL	

TITLE	DS	<input type="checkbox"/> Delete
NAME	ROSENBERG, PAUL	
STREET ADDRESS	1600 SW ARCHER ROAD, BOX 100161	
CITY-ST-ZIP	GAINESVILLE FL 32610	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Berns, Kenneth M.D.	
STREET ADDRESS	1600 SW Archer Rd, Box 100014	
CITY-ST-ZIP	Gainesville, FL 32610	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barrett, Douglas MD	
STREET ADDRESS	1600 SW Archer Rd, Box 100296	
CITY-ST-ZIP	Gainesville, FL 32610	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bullard, Fred Jr.	
STREET ADDRESS	2325 Ulmerton Rd, Ste 20	
CITY-ST-ZIP	Clearwater, FL 34622	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cassisi, Nicholas M.D.	
STREET ADDRESS	1600 SW Archer Rd, Box 100264	
CITY-ST-ZIP	Gainesville, FL 32610	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Criser, Marshall	
STREET ADDRESS	50 N. Laura St	
CITY-ST-ZIP	Jacksonville, FL 32202	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lastinger, Allen	
STREET ADDRESS	1145 Campbell Ave	
CITY-ST-ZIP	Jacksonville, FL 32207	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul M. Rosenberg* 1-16-01 352-265-6995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

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Box 11. Continued

Title D ☐ Change ☒ Addition
Name Murray, Louis
Street Address 900 S. Delaney
City-ST-Zip Orlando, FL 32806

Title D ☐ Change ☒ Addition
Name Cheney, Andrew
Street Address 2110 River Rd
City-ST-Zip Jacksonville, FL 32207

Title D ☐ Change ☒ Addition
Name Mendenhall, Nancy M.D.
Street Address 1600 SW Archer Rd, Box 100385
City-ST-Zip Gainesville, FL 32610

Title D ☐ Change ☒ Addition
Name Williams, Jonathan M.D.
Street Address 1600 SW Archer Rd, Box 100374
City-ST-Zip Gainesville, FL 32610

Title D ☐ Change ☒ Addition
Name Daniels, Roland
Street Address 2727 N Main St
City-ST-Zip Gainesville, FL 32609

Title D ☐ Change ☒ Addition
Name Powers, Marguerite
Street Address 2566 SW 14th DR
City-ST-Zip Gainesville, FL 32608

Title D ☐ Change ☒ Addition
Name Rembert, Davis
Street Address 13607 NW 50th Ave
City-ST-Zip Gainesville, FL 32606

Title D ☐ Change ☒ Addition
Name Roberts, Carolyn The Honorable
Street Address 115 NE 8th Ave
City-ST-Zip Ocala, FL 34470