

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749322

FILED
Feb 23, 2009
Secretary of State

Entity Name: SHANDS TEACHING HOSPITAL AND CLINICS, INC.

Current Principal Place of Business:

1600 SW ARCHER ROAD
GAINESVILLE, FL 32610 US

New Principal Place of Business:

Current Mailing Address:

720 SW 2ND AVE, STE 360A
GAINESVILLE, FL 32601 US

New Mailing Address:

FEI Number: 59-1943502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOVAL, CHARLES B
720 SW 2ND AVENUE, SUITE 360A
GAINESVILLE, FL 32601 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: PCD () Delete
Name: MACHEN, J B PH.D
Address: 226 TIGERT, UNIV OF FLA
City-St-Zip: GAINESVILLE, FL 32611

Title: VCD () Delete
Name: BARRETT, DOUGLAS MD
Address: 1600 SE ARCHER RD / BOX 100014
City-St-Zip: GAINESVILLE, FL 32610

Title: T () Delete
Name: ROBINSON, WILLIAM
Address: 1600 SW ARCHER RD/100327
City-St-Zip: GAINESVILLE, FL 32610 US

Title: D () Delete
Name: GOLDFARB, TIMOTHY CEO
Address: 1600 SW ARCHER ROAD/100326
City-St-Zip: GAINESVILLE, FL 32610

Title: AS () Delete
Name: KOVAL, CHARLES B
Address: 720 SW 2ND AVENUE, SUITE 360A
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: BLOCK, EDWARD R MD
Address: 1600 SW ARCHER RD/BOX 100277
City-St-Zip: GAINESVILLE, FL 32610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLES B. KOVAL

AS

02/23/2009

Electronic Signature of Signing Officer or Director

Date