2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10564

N/C 11/30/03

1. Entity Name

~~UNIVERSITY MEDICAL CENTER FOUNDATION, INC~~

SHANDS JACKSONVILLE FOUNDATION, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 PM 4:29

Principal Place of Business	Mailing Address
655 W. 8TH STREET JACKSONVILLE FL 32209	ATTN: CARL E CANIFF, ESQ. 655 WEST 8TH STREET JACKSONVILLE FL 32209

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Attn: Charles E. Caniff, Esq. Suite, Apt. #, etc. 655 WEST 8th Street
City & State	City & State Jacksonville, FL
Zip / Country	Zip / Country 32209

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2622323 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CANIFF, CHARLES E ESQ. 655 WEST 8TH STREET JACKSONVILLE FL 32209	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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD STORY, OTIS L SR 655 WEST 8TH STREET JACKSONVILLE FL 32209	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD Timothy Goldfarb 655 West 8th Street Jacksonville FL 32209	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RYAN, WILLIAM 655 WEST 8TH STREET JACKSONVILLE FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700020531827 06/04/03--01062--028 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CANIFF, CHARLES E 655 W. 8TH ST. JACKSONVILLE FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Charles E Caniff Charles E Caniff 04/29/03 904-244-8884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/02)