**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 26, 2018**
**Secretary of State**
**CC9855005634**

DOCUMENT# 734082

**Entity Name:** SHANDS JACKSONVILLE COMMUNITY SERVICES, INC.

**Current Principal Place of Business:**

655 WEST 8TH STREET
JACKSONVILLE, FL 32209

**Current Mailing Address:**

655 WEST 8TH STREET
JACKSONVILLE, FL 32209

**FEI Number: 51-0173761**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DEBARDELEBEN, JON ESQ.
655 WEST 8TH STREET
JACKSONVILLE, FL 32209 US

*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: JON DEBARDELEBEN 03/26/2018

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | SECRETARY, DIRECTOR | Title | CHAIRMAN, DIRECTOR |
| Name | DEBARDELEBEN, JON ESQ. | Name | HALEY, JR., LEON L M.D. |
| Address | 655 WEST 8TH STREET | Address | 655 WEST 8TH STREET |
| City-State-Zip: | JACKSONVILLE FL 32209 | City-State-Zip: | JACKSONVILLE FL 32209 |
| Title | PRESIDENT, DIRECTOR | Title | TREASURER, DIRECTOR |
| Name | MILLER, GREG | Name | COCCHI, DEAN |
| Address | 655 WEST 8TH STREET | Address | 655 WEST 8TH STREET |
| City-State-Zip: | JACKSONVILLE FL 32209 | City-State-Zip: | JACKSONVILLE FL 32209 |

*I hereby 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 all other like empowered.*

SIGNATURE: JON DEBARDELEBEN, ESQ. SECRETARY 03/26/2018

Electronic Signature of Signing Officer/Director Detail — Date