

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749322

Entity Name: SHANDS TEACHING HOSPITAL AND CLINICS, INC.**Current Principal Place of Business:**1600 SW ARCHER ROAD
GAINESVILLE, FL 32610**Current Mailing Address:**P. O. BOX 100303
GAINESVILLE, FL 32610 US**FEI Number: 59-1943502****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GALLO, VIVIAN M
3007 SW WILLISTON ROAD
SUITE 1A
GAINESVILLE, FL 32608 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name ROBERTS, JAMES M
Address 1600 SE ARCHER RD./100161
City-State-Zip: GAINESVILLE FL 32610

Title T
Name KELLY, JAMES J.
Address 1600 SW ARCHER RD/100327
City-State-Zip: GAINESVILLE FL 32610

Title AS
Name BOYARSHINOV, ANDREI
Address 3007 SW WILLISTON ROAD
SUITE 1A
City-State-Zip: GAINESVILLE FL 32608

Title PCD
Name GUZICK, DAVID S M.D., PHD
Address 1600 SW ARCHER ROAD/100014
City-State-Zip: GAINESVILLE FL 32610

Title D
Name JIMENEZ, EDWARD INTERIM CEO
Address 1600 SW ARCHER ROAD/100326
City-State-Zip: GAINESVILLE FL 32610

Title D
Name GOOD, MICHAEL L M.D
Address 1600 SW ARCHER RD/100215
City-State-Zip: GAINESVILLE FL 32610

Title D
Name FUCHS, W. KENT PHD
Address 226 TIGERT HALL/BOX 113150
City-State-Zip: GAINESVILLE FL 32611

Title D
Name ROBERTS, CAROLYN K.
Address 115 N.E. 8TH AVENUE
City-State-Zip: OCALA FL 34470

Continues on page 2

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: VIVIAN M. GALLO**DIRECTOR****02/10/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name BEHRNS, KEVIN E. M.D.
Address 1600 SW ARCHER RD/BOX 100286
City-State-Zip: GAINESVILLE FL 32610

Title D
Name RIVKEES, SCOTT A. M.D.
Address 1600 SW ARCHER RD/BOX 100296
City-State-Zip: GAINESVILLE FL 32610

Title D
Name CHAPMAN, TRACY D.
Address P. O. BOX 620257
City-State-Zip: OVIEDO FL 32762

Title D
Name MCKEE, MICHAEL
Address P. O. BOX 113240
City-State-Zip: GAINESVILLE FL 32611

Title D
Name PONCE, S. DANNY
Address 1450 BRICKELL AVENUE
SUITE 1900
City-State-Zip: MIAMI FL 33131

Title D
Name SHEY, STEPHEN
Address 6110 N. W. 1ST PLACE, SUITE A
City-State-Zip: GAINESVILLE FL 32607

Title AS
Name PALACIO, CRISTINA
Address 3007 SW WILLISTON ROAD
SUITE 1A
City-State-Zip: GAINESVILLE FL 32608

Title D
Name HROMAS, ROBERT A. M.D.
Address 1600 SW ARCHER RD/ BOX 100277
City-State-Zip: GAINESVILLE FL 32610

Title D
Name TYNDALL, JOSEPH A. M.D., M.P.H.,
FACEP
Address 1329 SW 16TH STREET
P. O. BOX 100186
City-State-Zip: GAINESVILLE FL 32610

Title D
Name DUNLAP, KAREN
Address 4714 W. ESTRELLA STREET
City-State-Zip: TAMPA FL 33629

Title D
Name PATTERSON, JOHN
Address 46 N. WASHINGTON BLVD.
City-State-Zip: SARASOTA FL 34236

Title D
Name RUFFIER, JOAN D.
Address 1055 EDGEWATER DRIVE
City-State-Zip: ORLANDO FL 32804

Title AS
Name GALLO, VIVIAN M.
Address 3007 SW WILLISTON ROAD
SUITE 1A
City-State-Zip: GAINESVILLE FL 32608

Title AS
Name MCDOWELL, LAWRENCE
Address 3007 SW WILLISTON ROAD
SUITE 1A
City-State-Zip: GAINESVILLE FL 32608