

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:

YOUNG, THOMAS WILLIAM
201 SE 2ND AVENUE
SUITE 209
GAINESVILLE, FL 32601 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: THOMAS WILLIAM YOUNG

07/29/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title T, CFO, CEO
Name KELLY, JAMES J.
Address 1600 SW ARCHER RD/100327
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 COWEN, CHRISTOPHER
Address 9127 SW 52ND AVENUE
UNIT D301
City-State-Zip: GAINESVILLE FL 32608

Title D
Name JASMUND, DAVID J
Address 208 N. INTERLACHEN AVENUE
City-State-Zip: WINTER PARK FL 32789

Title AS
Name COLEMAN, KEVIN
Address P. O. BOX 100303
City-State-Zip: GAINESVILLE FL 32610

Title D
Name BEEBE, EDMUND HUNTER
Address 1050 N. OCEAN BLVD
City-State-Zip: PALM BEACH FL 33480

Title D
Name GIBBS, CHARLES PARKER M.D.
Address 1600 SW ARCHER ROAD/BOX 100326
City-State-Zip: GAINESVILLE FL 32610

Title D
Name SU, LI-MING M.D.
Address 1600 SW ARCHER ROAD/BOX 100247
City-State-Zip: GAINESVILLE FL 32610

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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: THOMAS WILLIAM YOUNG

SECRETARY

07/29/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name KOCH, COLLEEN M.D.
Address 4715 S.W. 91ST STREET
#303
City-State-Zip: GAINESVILLE FL 32608

Title D
Name KUNTZ, THOMAS G
Address 1568 HOLTS GROVE CIRCLE
City-State-Zip: WINTER PARK FL 32789

Title D
Name JOHNSON, JULIE A.
Address 5828 NW 72ND STREET
City-State-Zip: GAINESVILLE FL 32653

Title S
Name YOUNG, THOMAS WILLIAM
Address PO BOX 100303
City-State-Zip: GAINESVILLE FL 32610

Title AS
Name MCDOWELL, LAWRENCE
Address PO BOX 100303
City-State-Zip: GAINESVILLE FL 32610

Title D
Name ZIMMEL, DANA
Address 1945 SW 16TH AVE
City-State-Zip: GAINESVILLE FL 32620

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

Title D
Name POWERS, MARSHA D
Address 8002 WHISPER LAKE LN E
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title D
Name UPCHURCH, GILBERT R
Address P. O. BOX 100286
City-State-Zip: GAINESVILLE FL 32610

Title D
Name LEWIS, GREGORY R.
Address 33741 OVERTON DRIVE
City-State-Zip: LEESBURG FL 34788

Title D
Name ZUCKER, ANITA GOLDBERG
Address 99 S BATTERY ST
City-State-Zip: CHARLESTON SC 29401

Title D
Name LICHT, JONATHAN
Address 2924 SW 106 STREET
City-State-Zip: GAINESVILLE FL 32608