

2024 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:**YOUNG, THOMAS WILLIAM
3007 SW WILLISTON RD
SUITE 1120
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:** THOMAS WILLIAM YOUNG

02/14/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title	AS
Name	COLEMAN, KEVIN
Address	P. O. BOX 100303
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

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

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

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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**

02/14/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 D
Name BROADIE II, PAUL
Address 3000 NW 83RD STREET
F-230
City-State-Zip: GAINESVILLE FL 32606

Title D
Name MOREY, TIMOTHY EARL
Address PO BOX 100326
City-State-Zip: GAINESVILLE FL 32610

Title T, CFO
Name THORNTON, ROBERT
Address P.O. BOX 100327
City-State-Zip: GAINESVILLE FL 32610

Title D
Name LINTNER, KEVIN
Address 4802 SW 34TH PLACE
UNIT 108
City-State-Zip: GAINESVILLE FL 32608

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

Title D
Name HUDSON, LINDA PARKER
Address 9112 SW 61ST AVE
City-State-Zip: GAINESVILLE FL 32608

Title D
Name NEVILLE, TODD
Address 5 ARREDONDO AVE
City-State-Zip: ST. AUGUSTINE FL 32080

Title D
Name JANTZ, TAYLOR B.
Address 3317 SW 50TH DRIVE
City-State-Zip: GAINESVILLE FL 32608

Title D
Name HUNT, JENNIFER L
Address 3605 SW 86TH STREET
City-State-Zip: GAINESVILLE FL 32608