

2020 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:

ICAZA, BERNABE
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title D, CEO
Name JIMENEZ, EDWARD CEO
Address 1600 SW ARCHER ROAD/100326
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

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

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

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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: BERNABE ICAZA

ASSISTANT SECRETARY 08/18/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title AS
Name ICAZA, BERNABE
Address 3007 SW WILLISTON ROAD/BOX 100303
SUITE 1A
City-State-Zip: GAINESVILLE FL 32608

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

Title D
Name TYNDALL, JOSEPH A. M.D.
Address 1600 SW ARCHER ROAD/100215
City-State-Zip: GAINESVILLE FL 32610

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 JENKINS, RANDALL
Address 1600 SW ARCHER ROAD/BOX 100161
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 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 D
Name LEWIS, GREGORY R.
Address 33741 OVERTON DRIVE
City-State-Zip: LEESBURG FL 34788