

2013 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:**720 SW 2ND AVE, STE 360A
GAINESVILLE, FL 32601 US**FEI Number:** 59-1943502**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOYARSHINOV, ANDREI
720 SW 2ND AVENUE, SUITE 360A
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 PCD
Name GUZICK, DAVID SM.D.
Address 1600 SW ARCHER ROAD/100014
City-State-Zip: GAINESVILLE FL 32610

Title T
Name ROBINSON, WILLIAM
Address 1600 SW ARCHER RD/100327
City-State-Zip: GAINESVILLE FL 32610

Title AS
Name BOYARSHINOV, ANDREI
Address 720 SW 2ND AVE, STE 360A
City-State-Zip: GAINESVILLE FL 32601

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

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

Title AS
Name COLEMAN, KEVIN
Address 720 SW 2ND AVENUE, SUITE 360A
City-State-Zip: GAINESVILLE FL 32601

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: ANDREI BOYARSHINOV**AS****02/04/2013**

Electronic Signature of Signing Officer/Director Detail

Date