

**2017 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:** Yes**Name and Address of Current Registered Agent:**ROBERTS, JAMES 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 SW ARCHER RD./100161  
City-State-Zip: GAINESVILLE FL 32610

Title PCD  
Name GUZICK, DAVID S M.D., PHD  
Address 1600 SW ARCHER ROAD/100014  
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 ROBERTS, CAROLYN K.  
Address 115 N.E. 8TH AVENUE  
City-State-Zip: OCALA FL 34470

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

**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:** BERNABE ICAZA**ASSISTANT SECRETARY** 01/11/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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 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 PALACIO, CRISTINA  
Address 3007 SW WILLISTON ROAD/BOX 100303  
SUITE 1A  
City-State-Zip: GAINESVILLE FL 32608

Title AS  
Name COLEMAN, KEVIN  
Address 3007 S.W. WILLISTON ROAD/BOX 100303  
SUITE 1A  
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 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 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 MCDOWELL, LAWRENCE  
Address 3007 SW WILLISTON ROAD/BOX  
100303  
SUITE 1A  
City-State-Zip: GAINESVILLE FL 32608

Title D  
Name SCOTT, STEVEN M. MD  
Address 1877 S. FEDERAL HIGHWAY  
SUITE 310  
City-State-Zip: BOCA RATON FL 33432

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