

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747363

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** SHANDS JACKSONVILLE AFFILIATES, INC.

**Current Principal Place of Business:**

655 WEST 8TH STREET  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: CHARLES E. CANIFF, ESQ.  
655 WEST 8TH STREET  
JACKSONVILLE, FL 32209

**New Mailing Address:**

655 WEST 8TH STREET  
JACKSONVILLE, FL 32209

**FEI Number:** 59-1913819

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CANIFF, CHARLES E ESQ  
655 WEST 8TH STREET  
JACKSONVILLE, FL 32209 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: CPD  
Name: BURKHART, JAMES R  
Address: 655 WEST 8TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD  
Name: GLEASON, MICHAEL E  
Address: 655 WEST 8TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: SD  
Name: CANIFF, CHARLES E ESQ  
Address: 655 WEST 8TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209

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:** CHARLES E. CANIFF

S

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date