2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State
05-05-2000 90058 048 ****61.25

DOCUMENT # 759011

1. Entity Name

SHANDS JACKSONVILLE MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
655 W 8TH STREET JACKSONVILLE FL 32209	655 W 8TH STREET JACKSONVILLE FL 32209-6511

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2142859 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH HULSEY & BUSEY 225 WATER STREET SUITE 1800 JACKSONVILLE FL 32202	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 Smith Hulsey Busey PA
Harry L. Wilson IV V.P.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REGISTER, JR., GEORGE R. 6800 SOUTHPOINT PKWY 101 JACKSONVILLE FL 32216	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEE ATTACHED EXHIBIT A	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD O'STEEN, HAROLD S 759 EDGEWOOD AVE.N. JACKSONVILLE FL 32205	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCINTOSH, MD, C B 3160 EDGEWOOD AVE W JACKSONVILLE FL 32209	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANFORD, RICHARD D 233 WEST DUVAL STREET JACKSONVILLE FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PAUL, PAMELA Y. 963 PONTE VEDRA BLVD PONTE VEDRA BEACH FL 32082	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPATES, L. JEROME 4727 LANNIE ROAD JACKSONVILLE FL 32219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: By: Shands Jacksonville Medical Center, Inc
GREG H. GAY SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 Date

904-549-3707 Daytime Phone #

653153
D# 759011
A12

2000 Uniform Business Report (UBR)
Shands Jacksonville Medical Center, Inc.
Document #759011
Exhibit A

Title	C, D	☐ Change	☒ Addition
Name	J. Richard Gaintner, M,D.		
Address	1600 S.W. Archer Road		
City-ST-Zip	Gainesville, Florida 32610		
Title	P, D	☐ Change	☒ Addition
Name	Robert G. Norton		
Address	655 West 8th Street		
City-ST-Zip	Jacksonville, Florida 32209		
Title	V	☐ Change	☒ Addition
Name	Thomas D. Keith		
Address	655 West 8th Street		
City-ST-Zip	Jacksonville, Florida 32209		
Title	V	☐ Change	☒ Addition
Name	Greg H. Gay		
Address	655 West 8th Street		
City-ST-Zip	Jacksonville, Florida 32209		
Title	S	☐ Change	☒ Addition
Name	David Friedman		
Address	655 West 8th Street		
City-ST-Zip	Jacksonville, Florida 32209		
Title	D	☐ Change	☒ Addition
Name	Kenneth I. Berns, M.D., Ph.D.		
Address	1600 S.W. Archer Road, Room H-102		
City-ST-Zip	Gainesville, Florida 32610		
Title	D	☐ Change	☒ Addition
Name	Fred B. Bullard		
Address	2325 Ulmerton Road, Suite 20		
City-ST-Zip	Ocala, Florida 34622-2253		
Title	D	☐ Change	☒ Addition
Name	Marshall M. Criser		
Address	50 N. Laura Street, Suite 3400		
City-ST-Zip	Jacksonville, Florida 32202		

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Add

Title	D	☐ Change ☒ Addition
Name	Richard D. Danford	
Address	233 West Duval Street, 14th Floor	
City-ST-Zip	Jacksonville, Florida 32202	
Title	D	☐ Change ☒ Addition
Name	William W. Gay	
Address	524 Stockton Street	
City-ST-Zip	Jacksonville, Florida 32204	
Title	D	☐ Change ☒ Addition
Name	Allen L. Lastinger	
Address	1145 Campbell Avenue	
City-ST-Zip	Jacksonville, Florida 32207	
Title	D	☐ Change ☒ Addition
Name	J. Sample Magee, M.D.	
Address	580 West 8th Street	
City-ST-Zip	Jacksonville, Florida 32202	
Title	D	☐ Change ☒ Addition
Name	Harold S. O'Steen	
Address	759 Edgewood Avenue North	
City-ST-Zip	Jacksonville, Florida 32205	
Title	D	☐ Change ☒ Addition
Name	Pamela Y. Paul	
Address	117 West Duval Street, Suite 400	
City-ST-Zip	Jacksonville, Florida 32202	
Title	D	☐ Change ☒ Addition
Name	Carolyn Roberts	
Address	115 N.E. 8th Avenue	
City-ST-Zip	Ocala, Florida 34470	
Title	D	☐ Change ☒ Addition
Name	Louis S. Russo, M.D.	
Address	653 West 8th Street	
City-ST-Zip	Jacksonville, Florida 32209	
Title	D	☐ Change ☒ Addition
Name	L. Jerome Spates	
Address	4727 Lannie Road	
City-ST-Zip	Jacksonville, Florida 32219	