2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm

SIGNATURE:

May 11, 2001 8:00 am Secretary of State **DOCUMENT # 759011** 1. Entity Name SHANDS JACKSONVILLE MEDICAL CENTER, INC. 05-11-2001 90026 002 ****61.25 Mailing Address Principal Place of Business 655 W 8TH STREET 655 W 8TH STREET JACKSONVILLE FL 32209 JACKSONVILLE FL 32209 2. Principal Place of Business Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-2142859 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY-225 WATER STREET **SUITE 1800** JACKSONVILLE Ft. 32202 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 (NOTE: Registered Agent signature required when reinstating) ture, typed or printed name of registered agent and title if appli 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Delete TITLE TITLE Jod: Mansfield BULLARD, FRED B NAME NAME 655 West 8th Street 2325 ULMERTON RD STE 20 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34622-2253 Jackson ville, Delete TITLE TITLE CRISER, MARSHALL M NAME Robert G. Norton MAME West 8th Street STREET ADDRESS 50 N LAURA ST STE 3400 STREET ADDRESS Jacksonville, FI 32209 CITY-ST-7IP JACKSONVILLE FL 32202 CITY-ST-ZIP ☐ Delete TITLE TITLE Harold S. O'Steen BERNS, KENNETH I MD NAME NAME Edge wood Avenue North 1600 SW ARCHER RD RM H-102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FI 34432 32205 GAINESVILLE FL 32610 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE DANFORD, RICHARD D NAME 903 West Union Street 233 W DUBAL ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32202 Change Addition Delete TITLE TITLE Kenneth I. Berns, M.D., Ph.D FRIEDMAN, DAVID NAME NAME 1600 S.W. Archer Road, Room H STREET ADDRESS STREET ADDRESS 655 WEST 8TH ST CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32209 Change ☐ Delete TITLE GAY, GREG H NAME 655 WEST 8TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32209 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 received or pustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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attachment 10# 759011

ATTACHMENT FOR 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT NUMBER: 759011

ENTITY: SHANDS JACKSONVILLE MEDICAL CENTER, INC.

11. Additions/Changes to Officers and Directors in 10

S Addition

Charles E. Caniff 655 West 8th Street Jacksonville, Florida 32209

D Addition

Allen L. Lastinger, Jr. 1145 Campbell Avenue Jacksonville, Florida 32207

D Addition

J. Sample Magee, M.D. 580 West 8th Street Suite 8005 Jacksonville, Florida 32209

D Addition

Pamela Y. Paul 117 West Duval Street Suite 400 Jacksonville, Florida 32202

D Addition

Carolyn King Roberts 115 NE 8th Avenue Ocala, Florida 34470

D Addition

Louis S. Russo, M.D. 653 West 8th Street Jacksonville, Florida 32209

D Addition

Chief L. Jerome Spates 4727 Lannie Road Jacksonville, Florida 32219