2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 09, 2002 8:00 am Secretary of State **DOCUMENT # 759011** 1. Entity Name SHANDS JACKSONVILLE MEDICAL CENTER, INC. 05-09-2002 90029 038 ****61.25 Principal Place of Business Mailing Address 655 W 8TH STREET ATTN: CHARLES E CANIFF JACKSONVILLE FL 32209 655 WEST 8TH STREET JACKSONVILLE FL 32209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2142859 Not Applicable Zip Country Ζίρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANIFF, ESQ., CHARLES E Street Address (P.O. Box Number is Not Acceptable) 655 WEST 8TH STREET JACKSONVILLE FL 32209 Zip Code FL 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11, TITLE Delete TITLE ☐ Change Addition Bullard, fred 8 NAME NAME Timothy Goldforb 655 West 8th Street 2325 ULMERTON RD STE 20 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL 34822-2253 CITY-ST-ZIP lackson ville, FL 32008 TITLE ☐ Delete TITLE ☐ Change Addition CRISER. MARSHALL M NAME Douglas Barrett NAME 50 N LAURA ST STE 3400 STREET ADDRESS -1600 S.W. Archer Road STREET ADDRESS JACKSONVILLE FL 32202 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change [4] Addition Berns, Kenneth I MD NAME NAME Tisker, M.D. 1600 SW ARCHER RD RM H-102 STREET ADDRESS STREET ADDRESS + 1600 S.W. Archer Road CITY-ST-7IP gainesville FL 32610 CITY-ST-ZIP TITLE ☐ Delete ainesville TITLE DANFORD, RICHARD D NAME y Vavis STREET ADDRESS 1903 West Union Street #856-601 St. Johns Bluff Rd STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32204 CITY-ST-ZIP FL 32225 TH Delete Change Addition Mansfield, Jodi

Jacksonville, FL 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

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-2IP

CITY-ST-ZIP

NAME

655 West 8th St

GAY, GREG H

STREET ADDRESS 655 WEST 8TH ST

JACKSONVILLE FL 32209

JACKSONVILLE FL 32209

Otis L. Story, Sr 655 West &th Street

William J. Ryan

655 West 8th Street

lacksonville, FL 32009

SIGNATURE

Addition

0h n. 14 \$50863

ATTACHMENT FOR 2002 UNIFORM BUSINESS REPORT (UBR)
DOCUMENT NUMBER: 759011
ENTITY: SHANDS JACKSONVILLE MEDICAL CENTER, INC.

10. Officers and Directors

PD

Robert G. Norton 655 West 8th Street Jacksonville, Florida 32209

Delete

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

D Allen L. Lastinger, Jr. 1145 Campbell Ave. Jacksonville, Florida 32207

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

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

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

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

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

D Harold S. O'Steen 759 Edgewood Ave. North Jacksonville, Florida 32205