2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State
06-03-2004 90002 015 ****61.25

54056485

DOCUMENT # 759011

1. Entity Name
SHANDS JACKSONVILLE MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
655 W 8TH STREET JACKSONVILLE, FL 32209	ATTN: CHARLES E CANIFF 655 WEST 8TH STREET JACKSONVILLE, FL 32209

01072004 Chg-NP CR2E037 (10/03)

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
CANIFF, ESQ., CHARLES E 655 WEST 8TH STREET JACKSONVILLE, FL 32209	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANSFIELD, JODI 1600 SW ARCHER RD. GAINESVILLE, FL 32610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C D Timothy Goldfarb 655 W. 8th Street Jacksonville, FL 32209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VUKICH, DAVID 655 WEST 8TH STREET JACKSONVILLE, FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P James R. Burkhart 655 W. 8th Street Jacksonville, FL 32209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NUSS, ROBERT C 653 WEST 8TH STREET JACKSONVILLE, FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Charles E. Caniff 655 W. 8th Street Jacksonville, FL 32209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANFORD, RICHARD D 903 WEST UNION STREET JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D J. Sample Magee, MD 580 W. 8th Street, Suite 8005 Jacksonville, FL 32209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RYAN, WILLIAM J 655 WEST 8TH ST JACKSONVILLE, FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Pamela Y. Paul 117 W. Duval St., Suite 400 Jacksonville, FL 32202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Harold O'Steen 759 Edgewood Ave., North Jacksonville, FL 32205	☐ Change ☒ Addition

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: Charles E. Caniff, Charles E. Caniff, Secretary, June 1, 2004, 904-244-5984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 540564485
#759011

ATTACHMENT FOR 2004 UNIFORM BUSINESS REPORT (UBR)
DOCUMENT NUMBER: N0759011
ENTITY: SHANDS JACKSONVILLE MEDICAL CENTER, INC.

10. Officers and Directors – Continued

D
L. Jerome Spates
4727 Lannie road
Jacksonville FL 32219

Addition