# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 11, 2006 8:00 am**
**Secretary of State**
04-11-2006 90105 003 ****70.00

**DOCUMENT # 759011**

1. Entity Name
SHANDS JACKSONVILLE MEDICAL CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 655 W 8TH STREET<br>JACKSONVILLE, FL 32209 | ATTN: CHARLES E CANIFF, ESQ.<br>655 WEST 8TH STREET<br>JACKSONVILLE, FL 32209 |

04042006 Chg-NP CR2E037 (11/05)

| 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, CHARLES E ESQ.<br>655 WEST 8TH STREET<br>JACKSONVILLE, FL 32209 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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, 2006

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<br>MANSFIELD, JODI<br>1600 SW ARCHER RD.<br>GAINESVILLE, FL 32610 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>GOLDFARB, TIMOTHY M<br>P.O. BOX 100326<br>GAINESVILLE, FL 32610-0326 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>VUKICH, DAVID MD<br>655 WEST 8TH STREET<br>JACKSONVILLE, FL 32209 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BURKHART, JAMES R<br>655 W. 8TH STREET<br>JACKSONVILLE, FL 32209 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NUSS, ROBERT C MD<br>653 WEST 8TH STREET<br>JACKSONVILLE, FL 32209 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>RYAN, WILLIAM J<br>655 W. 8TH STREET<br>JACKSONVILLE, FL 32209 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DANFORD, RICHARD D PH.D<br>903 WEST UNION STREET<br>JACKSONVILLE, FL 32204 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>CANIFF, CHARLES E ESQ.<br>655 W. 8TH STREET<br>JACKSONVILLE, FL 32209 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>RYAN, WILLIAM J<br>655 WEST 8TH ST<br>JACKSONVILLE, FL 32209 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DANFORD JR., RICHARD PH.D.<br>903 W. UNION STREET<br>JACKSONVILLE, FL 32204-1161 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>CANIFF, CHARLES E ESQ.<br>655 W 8TH STREET<br>JACKSONVILLE, FL 32209 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MAGEE, J. SAMPLE MD<br>655 W. 8TH STREET<br>JACKSONVILLE, FL 32209 | ☐ Change ☒ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/05/06 904-244-5784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
20028248

DOCUMENT #759011
SHANDS JACKSONVILLE MEDICAL CENTER, INC.
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

11. CONTINUATION

D — ADDITION
MANSFIELD, JODI
P.O. BOX 100326
GAINESVILLE, FL 32610-0326

D — ADDITION
NUSS, ROBERT C MD
653 SEST EIGHTH STREET
JACKSONVILLE, FL 32209

D — ADDITION
O'STEEN, HAROLD S
759 EDGEWOOD AVENUE NORTH
JACKSONVILLE, FL 32205

D — ADDITION
PAUL, PAMELA Y
963 PONTE VEDRA BLVD.
PONTE VEDRA BCH, FL 32082

D — ADDITION
SPATES, L. JEROME
555 WEST 11 STREET
JACKSONVILLE, FL 32209

D — ADDITION
VUKICH, DAVID MD
655 W. 8TH STREET
JACKSONVILLE, FL 32209