2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State
02-15-2007 90050 049 ****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	ATTN: CHARLES E CANIFF, ESQ. 655 WEST 8TH STREET JACKSONVILLE, FL 32209

40018276

01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

CANIFF, CHARLES E ESQ.
655 WEST 8TH STREET
JACKSONVILLE, FL 32209

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

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	GOLDFARB, TIMOTHY M
STREET ADDRESS	PO BOX 100326
CITY-ST-ZIP	GAINESVILLE, FL 326100326
TITLE	PD
NAME	BURKHART, JAMES R
STREET ADDRESS	655 WEST 8TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	T
NAME	RYAN, WILLIAM J
STREET ADDRESS	655 WEST 8TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	S
NAME	CANIFF, CHARLES E ESQ
STREET ADDRESS	655 WEST 8TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	D
NAME	DANFORD, RICHARD JR,PHD
STREET ADDRESS	903 WEST UNION ST
CITY-ST-ZIP	JACKSONVILLE, FL 322041161
TITLE	D
NAME	MAGEE, SAMPLE J MD
STREET ADDRESS	655 WEST 8TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 32209

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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 1/30/07 9042445984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 400182776

ATTACHMENT

DOCUMENT #759011
SHANDS JACKSONVILLE MEDICAL CENTER, INC.
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10. CONTINUATION

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

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

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

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

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

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