DOCUMENT # 759011

1. Entity Name
SHANDS JACKSONVILLE MEDICAL CENTER, INC.

**Secretary of State**
01-31-2008 90012 026 ****61.25

| 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 |

40014304

01172008 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

**DO NOT WRITE IN THIS SPACE**

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, 2008

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 |

**DO NOT WRITE IN THIS SPACE**

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, Secretary 1/17/08 904-244-5984
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

ATTACHMENT

40014304

ATTACHMENT

DOCUMENT #759011
SHANDS JACKSONVILLE MEDICAL CENTER, INC.
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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