2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 759011

Entity Name: SHANDS JACKSONVILLE MEDICAL CENTER, INC.

Current Principal Place of Business:

655 W 8TH STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

655 W 8TH STREET
JACKSONVILLE, FL 32209

FEI Number: 59-2142859 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CD	( ) Delete
Name:	GOLDFARB, TIMOTHY M	
Address:	PO BOX 100326	
City-St-Zip:	GAINESVILLE, FL 326100326	
Title:	PD	( ) Delete
Name:	BURKHART, JAMES R	
Address:	655 WEST 8TH ST	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	T	( ) Delete
Name:	RYAN, WILLIAM J	
Address:	655 WEST 8TH ST	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	S	( ) Delete
Name:	CANIFF, CHARLES E ESQ	
Address:	655 WEST 8TH ST	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	D	( ) Delete
Name:	DANFORD, RICHARD JR,PHD	
Address:	903 WEST UNION ST	
City-St-Zip:	JACKSONVILLE, FL 322041161	
Title:	D	( ) Delete
Name:	MAGEE, SAMPLE J MD	
Address:	655 WEST 8TH ST	
City-St-Zip:	JACKSONVILLE, FL 32209	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MANSFIELD, JODI	
Address:	P.O. BOX 100326	
City-St-Zip:	GAINESVILLE, FL 32610	
Title:	D	(X) Change ( ) Addition
Name:	NUSS, ROBERT C MD	
Address:	653 WEST 8TH ST	
City-St-Zip:	JACKSONVILLE, FL 32209	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES E. CANIFF S 04/28/2009

Electronic Signature of Signing Officer or Director — Date

759011
4-28-09

ATTACHMENT
2009 Annual Report

DOCUMENT #759011
Reference/Tracking Number 000153249990
SHANDS JACKSONVILLE MEDICAL CENTER, INC.
Additional Directors

D
DANSFORD JR., Ph.D., RICHARD
655 WEST EIGHTH STREET
JACKSONVILLE, FL 32209

D
MAGEE, MD, SAMPLE J.
655 WEST 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 ELEVENTH STREET
JACKSONVILLE, FL 32209

D
VUKICH, MD, DAVID
655 WEST EIGHTH STREET
JACKSONVILLE, FL 32209