

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 27, 2012
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:**655 W 8TH STREET
JACKSONVILLE, FL 32209**New Mailing Address:****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:**DIXON III, JONATHAN W ESQ.
655 WEST 8TH STREET
JACKSONVILLE, FL 32209 US

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: JONATHAN W. DIXON III, ESQ.

09/27/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: CD
Name: GUZICK, DAVID S MD, PHD
Address: 1515 SW ARCHER ROAD, SUITE 23C1
City-St-Zip: GAINESVILLE, FL 32608

Title: PD
Name: BURKHART, JAMES R
Address: 655 W. 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: T
Name: GLEASON, MICHAEL E
Address: 655 WEST 8TH ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: S
Name: ROBERTS, JAMES M ESQ
Address: 1515 SW ARCHER ROAD, SUITE 2307
City-St-Zip: GAINESVILLE, FL 32608

Title: AS
Name: DIXON III, JONATHAN W ESQ.
Address: 655 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: AS
Name: BERGER, MARY J ESQ.
Address: 655 W. 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

I hereby 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 all other like empowered.

SIGNATURE: JONATHAN W. DIXON III, ESQ.

AS

09/27/2012

Electronic Signature of Signing Officer or Director_____
Date

759011

4/26/12
aw

Attachment to Amended 2012 Annual Report
Document #759011
Shands Jacksonville Medical Center, Inc.

Directors

Samir Y. Aray, MD
Medical Director
UF Baymeadows Family Practice
& Pediatric Center
8274 Bayberry Road
Jacksonville, FL 32258

Sidney J. Gefen
6278-1 DuPont Station Court
Jacksonville, Florida 32258

Christopher R. Williams, MD
3rd Floor, Faculty Clinic
653 West 8th Street
Jacksonville, FL 32209

Linda R. Edwards, MD
3rd Floor, Faculty Clinic
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Jacksonville, FL 32209

Theodore A. Bass, MD
Professor of Medicine/Chief,
Division of Cardiology/Program
Director, Interventional
Cardiology Fellowship Program
5th Floor, Ambulatory Care Ctr.
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Jacksonville, FL 32209

Beth McCague
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Jacksonville FL 32217

Lynn Pappas
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Jacksonville, Florida 32202-5137

Ana Alvarez, MD
Associate Professor
Department of Pediatrics
Academic Office
3rd Floor, LRC
653-1 West 8th Street
Jacksonville, FL 32209

Nat Glover
Edward Waters College
President
President's Office # 200
1658 Kings Road
Jacksonville, FL 32209

Lawrence (Laurie) DuBow
6730 Epping Forest Way W. Apt. 110
Jacksonville, FL 32217

Daniel R. Wilson, MD, PhD
653 West 8th Street
Jacksonville, FL 32209

W. A. McGriff
6702 Linford Lane
Jacksonville, FL 32217