

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90180 035 ****61.25

DOCUMENT # 759011

1. Entity Name

SHANDS JACKSONVILLE MEDICAL CENTER, INC.



Principal Place of Business

**655 W 8TH STREET
JACKSONVILLE FL 32209**

Mailing Address

**ATTN: CHARLES E CANIFF
655 WEST 8TH STREET
JACKSONVILLE FL 32209**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

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

FILE NOW: FEE IS \$61.25

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 **D** ☒ Delete
NAME **BULLARD, FRED B**
STREET ADDRESS **2325 ULMERTON RD STE 20**
CITY-ST-ZIP **OCALA FL 34622-2253**

TITLE **D** ☐ Change ☒ Addition
NAME **Jodi Mansfield**
STREET ADDRESS **1600 SW Archer Rd.**
CITY-ST-ZIP **Gainesville, FL 32610-0326**

TITLE **D** ☒ Delete
NAME **CRISER, MARSHALL M**
STREET ADDRESS **50 N LAURA ST STE 3400**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☐ Change ☒ Addition
NAME **David Vukich, M.D.**
STREET ADDRESS **655 West 8th Street**
CITY-ST-ZIP **Jacksonville, FL 32209**

TITLE **D** ☒ Delete
NAME **TISHER, C. CRAIG MD**
STREET ADDRESS **1600 SW ARCHER RD RM H-102**
CITY-ST-ZIP **GAINESVILLE FL 32610**

TITLE **D** ☐ Change ☒ Addition
NAME **Robert C. Nuss, M.P.**
STREET ADDRESS **653 West 8th Street**
CITY-ST-ZIP **Jacksonville, FL 32209**

TITLE **D** ☐ Delete
NAME **DANFORD, RICHARD D**
STREET ADDRESS **903 WEST UNION STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **STORY, OTIS L SR**
STREET ADDRESS **655 WEST 8TH ST**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **RYAN, WILLIAM J**
STREET ADDRESS **655 WEST 8TH ST**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **Charles E. Caniff** 04/29/03 904-244-8684

CR2E037 (10/02)

Attachment

759011
70056300

ATTACHMENT FOR 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT NUMBER: 759011

ENTITY: SHANDS JACKSONVILLE MEDICAL CENTER, INC.

10. Officers and Directors - Continued

CD

Timothy Goldfarb
655 West 8th Street
Jacksonville, Florida 32209

S

Charles E. Caniff
655 West 8th Street
Jacksonville, Florida 32209

D

J. Sample Magee, M.D.
580 West 8th Street, Ste. 8005
Jacksonville, Florida 32209

D

Douglas J. Barrett, M.D. Delete
1600 S.W. Archer Road
Gainesville, Florida 32610

D

Jerry Davis Delete
856-601 St. Johns Bluff Road
Jacksonville, Florida 32225

D

Allen L. Lastinger, Jr. Delete
145 Campbell Ave.
Jacksonville, Florida 32607

D

Pamela Y. Paul
117 West Duval Street Suite 400
Jacksonville, FL 32202

D

Louis S. Russo, M.D. Delete
653 West 8th Street
Jacksonville, Florida 32209

att admnt 759011
70056306

D
L. Jerome Spates
4727 Lannie Road
Jacksonville, Florida 32219

D
Harold S. O'Steen
759 Edgewood Ave. North
Jacksonville, Florida 32205

D
Carolyn K. Roberts
115 NE 8th Avenue
Ocala, Florida 34470

Delete