# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 09, 2002 8:00 am**
**Secretary of State**
05-09-2002 90029 039 ****61.25

DOCUMENT # N03828

1. Entity Name

SHANDS JACKSONVILLE HEALTHCARE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 655 WEST EIGHTH STREET<br>JACKSONVILLE FL 32209 | ATTENTION: CHARLES E. CANIFF<br>655 WEST 8TH STREET<br>JACKSONVILLE FL 32209 |

DO NOT WRITE IN THIS SPACE

| 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 59-2441966 ☐ 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, CHARLES E ESQ<br>655 WEST 8TH STREET<br>JACKSONVILLE FL 32209 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

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 Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>MANSFIELD, JODI<br>655 WEST 8TH STREET<br>JACKSONVILLE FL 32209 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>Timothy Goldfarb<br>655 West 8th Street<br>Jacksonville, FL 32209 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>NORTON, ROBERT G<br>655 WEST 8TH STREET<br>JACKSONVILLE FL 32209 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Otis L. Story, Sr.<br>655 West 8th Street<br>Jacksonville, FL 32209 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PCD<br>O'STEEN, HAROLD S<br>759 EDGEWOOD AVE. N.<br>JACKSONVILLE FL 32205 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Douglas Barrett, M.D<br>~~655 West 8th Street~~ 1600 S.W. Archer Rd. 32610<br>~~Jacksonville FL 32209~~ Gainesville FL | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BULLARD, FRED B JR<br>2325 ULMERTON ROAD, SUITE 20<br>CLEARWATER FL 34622 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>William J. Ryan<br>655 West 8th Street<br>Jacksonville, FL. 32209 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CRISER, MARSHALL M<br>50 N. LAURA ST.<br>JACKSONVILLE FL 32204 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>C. Craig Tisher, MD<br>~~655 West 8th Street~~<br>1600 S.W. Archer Rd., Rm. M110<br>~~Jacksonville~~, FL. 32610 Gainesville | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DANFORD, RICHARD D JR/PHD<br>903 WEST UNION ST.<br>JACKSONVILLE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Jerry W. Davis<br>~~655 West 8th Street~~<br>855-601 St. Johns Bluff Road<br>Jacksonville, FL., 32225 | ☐ Change ☑ Addition |

CR2E037 (9/01)

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 4/30/02 904-244-5984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 850862
#N03828

# ATTACHMENT FOR 2002 UNIFORM BUSINESS REPORT (UBR)
# DOCUMENT NUMBER: N03828
# ENTITY: SHANDS JACKSONVILLE HEALTHCARE, INC.

**10. Officers and Directors**

T
Greg Gay, CPA — Delete
655 West 8th Street
Jacksonville, Florida 32209

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

D
Kenneth I. Berns, M.D., Ph.D — Delete
1600 SW Archer Rd. Rm. H-102
Gainesville, Florida 32610

D
Allen L. Lastinger, Jr.
1145 Campbell Ave.
Jacksonville, Florida 32207

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

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

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

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

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

**11. Additions/Changes to Officers and Directors in 10**

D
Harold S. O'Steen — Addition
759 Edgewood Ave. North
jacksonville, FL 32205