2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 03, 2004 8:00 am Secretary of State

DOCUMENT # N03828 1. Entity Name SHANDS JACKSONVILLE HEALTHCARE, INC.					06-03-2004 90002 016 ****61.25				61.25
Principal Place of Business 655 WEST EIGHTH STREET JACKSONVILLE, FL 32209		Mailing Address ATTENTION: CHARLES E. CANIFF 655 WEST 8TH STREET JACKSONVILLE, FL 32209						54056	_
2. Principal Place of Business		3. Mailing Address						 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072004	Chg-NP	CR2E0	037 (10/03)	
City & State		City & State			4. FEI Numbe 59-2441			⊢ −+−i	pplied For ot Applicable
Zip	Country	Zip	Country			of Status Desired		\$8.75 Ad Fee Require	
·	6. Name and Address of Curren	t Registered Agent	Nome		7. Name and	Address of Nev	v Registered	Agent	
655 WES	CHARLES E ESQ T 8TH STREET IVILLE, FL 32209		Name Street Address		(P.O. Box Number is Not Acceptable)				
			City				FL	Zip Cod	de
P The shows	a comed entity or braits this statement to	for the ourpose of changing its r	agistared office o	r ragistara	ad agant or both	in the State of			and appoint
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) OATE									
SIGNATORE		nt and title if applicable. (NOTE:	Registered Agent signa	ture required	when reinstaling)		DATE		
SIGNATURE		nt and title if applicable. (NOTE: 1 9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	FI		k payable t	
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND D	9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May Be	Fi	Make chec lorida Depa	rtment of S	tate
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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 supplier ental 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 further ental true and officer or director of the corporation or the receiver or further ental true and officer or director of the corporation or the receiver or further ental true and officer or director of the corporation or the receiver or further ental true and officer or director of the corporation or the receiver or further ental true and officer or director of the corporation or the receiver or further ental true and officer or director of the corporation or the receiver or further ental true and officer or director of the corporation or the receiver or further ental true and officer or director of the corporation or the receiver or further ental true and officer or director of the corporation or the receiver or further ental true and officer or director of the corporation or the receiver or further ental true and officer or director of the corporation or the receiver or further ental true and officer or director of the corporation or the receiver or further ental true and officer or director of the corporation or the receiver of the corporation of the receiver of the corporation of the corporation or the receiver of the corporation o

SIGNATURE:

JULY JULY JAPKS E LANS SCHELLY JONE 204 904-598

Oblachment 54056484

ATTACHMENT FOR 2004 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT NUMBER; N03828** ENTITY: SHANDS JACKSONVILLE HEALTHCARE, INC.

10. Officers and Directors - Continued

D L. Jerome Spates 4727 Lannie road Jacksonville FL 32219

Addition