2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03828

FILED Apr 29, 2005 Secretary of State

Entity Name: SHANDS JACKSONVILLE HEALTHCARE, INC.

Current Principal Place of Business:

New Principal Place of Business:

655 WEST EIGHTH STREET JACKSONVILLE, FL 32209

655 WEST 8TH STREET JACKSONVILLE, FL 32209

Current Mailing Address:

New Mailing Address:

ATTENTION: CHARLES E. CANIFF 655 WEST 8TH STREET

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

JACKSONVILLE, FL 32209

FEI Number Not Applicable ()

Certificate of Status Desired (X)

FEI Number: 59-2441966

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

04/29/2005

Electronic Signature of Registered Agent

US

FEI Number Applied For ()

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete GOLDFARB, TIMOTHY Name: 655 WEST 8TH STREET Address: City-St-Zip: JACKSONVILLE, FL 32209

() Delete Title:

MANSFIELD, JODI Name: Address: 1600 SW ARCHER City-St-Zip: GAINESVILLE, FL 32610

Title: () Delete VUKICH, DAVID MD Name: 655 WEST 8TH ST Address: City-St-Zip: JACKSONVILLE, FL 32209

Title: () Delete Name: NUSS, ROBERT C MD Address: 653 WEST 8TH ST City-St-Zip: JACKSONVILLE, FL 32209

Title: () Delete CANIFF, CHARLES E Name: 655 W. 8TH ST. Address: JACKSONVILLE, FL 32209

City-St-Zip: Title: () Delete

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

(X) Change () Addition

GOLDFARB, TIMOTHY M Name: Address: 655 WEST 8TH STREET JACKSONVILLE, FL 32209 City-St-Zip:

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: (X) Change () Addition

Name: VUKICH, DAVID MD 655 WEST 8TH STREET Address: City-St-Zip: JACKSONVILLE, FL 32209

Title: D (X) Change () Addition

Name: NUSS, ROBERT C MD Address: 653 WEST 8TH STREET JACKSONVILLE, FL 32209 City-St-Zip:

Title: (X) Change () Addition

CANIFF, CHARLES E ESQ. Name: 655 W. 8TH STREET Address: City-St-Zip: JACKSONVILLE, FL 32209

Title: (X) Change () Addition

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

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I hereby certify that the information supplied with this filing does not qualify for the 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 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

04/29/2005