2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State
04-11-2006 90105 004 ****70.00

DOCUMENT # N03828

1. Entity Name
SHANDS JACKSONVILLE HEALTHCARE, INC.

Principal Place of Business	Mailing Address
655 WEST 8TH STREET JACKSONVILLE, FL 32209	ATTN: CHARLES E. CANIFF, ESQ. 655 WEST 8TH STREET JACKSONVILLE, FL 32209

04042006 Chg-NP CR2E037 (11/05)

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

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

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD GOLDFARB, TIMOTHY M 655 WEST 8TH STREET JACKSONVILLE, FL 32209	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD GOLDFARB, TIMOTHY M P.O. BOX 100326 GAINESVILLE, FL 32610-0326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANSFIELD, JODI 1600 SW ARCHER GAINESVILLE, FL 32610	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BURKHART, JAMES R 655 W. 8TH STREET JACKSONVILLE, FL 32209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VUKICH, DAVID MD 655 WEST 8TH STREET JACKSONVILLE, FL 32209	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RYAN, WILLIAM J 655 W. 8TH STREET JACKSONVILLE, FL 32209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NUSS, ROBERT C MD 653 WEST 8TH STREET JACKSONVILLE, FL 32209	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CANIFF, CHARLES E ESQ. 655 W. 8TH STREET JACKSONVILLE, FL 32209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CANIFF, CHARLES E ESQ. 655 W. 8TH STREET JACKSONVILLE, FL 32209	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANFORD JR., RICHARD PH.D. 903 W. UNION STREET JACKSONVILLE, FL 32204-1161	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BURKHART, JAMES R 655 W 8TH STREET JACKSONVILLE, FL 32209	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAGEE, J. SAMPLE MD 655 W. 8TH STREET JACKSONVILLE, FL 32209	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/5/06 904-244-5984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
20028247

DOCUMENT #N03828
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11. CONTINUATION

D ADDITION
MANSFIELD, JODI
P.O. BOX 100326
GAINESVILLE, FL 32610-0326

D ADDITION
NUSS, ROBERT C MD
653 SEST EIGHTH STREET
JACKSONVILLE, FL 32209

D ADDITION
O'STEEN, HAROLD S
759 EDGEWOOD AVENUE NORTH
JACKSONVILLE, FL 32205

D ADDITION
PAUL, PAMELA Y
963 PONTE VEDRA BLVD.
PONTE VEDRA BCH, FL 32082

D ADDITION
SPATES, L. JEROME
555 WEST 11 STREET
JACKSONVILLE, FL 32209

D ADDITION
VUKICH, DAVID MD
655 W. 8TH STREET
JACKSONVILLE, FL 32209