

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03828

FILED
Mar 31, 2010
Secretary of State

Entity Name: SHANDS JACKSONVILLE HEALTHCARE, INC.

Current Principal Place of Business:

655 WEST 8TH STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

655 WEST 8TH STREET
JACKSONVILLE, FL 32209

New Mailing Address:

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

FEI Number: 59-2441966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD
Name: GUZICK, DAVID S MD, PHD
Address: 1515 SW ARCHER ROAD, SUITE 23C1
City-St-Zip: GAINESVILLE, FL 32610

Title: D
Name: GOLDFARB, TIMOTHY M
Address: P.O. BOX 100326
City-St-Zip: GAINESVILLE, FL 32610

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

Title: T
Name: GLEASON, MICHAEL E
Address: 655 W 8TH ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: S
Name: CANIFF, CHARLES E ESQ
Address: 655 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D
Name: NUSS, ROBERT C MD
Address: 653 WEST EIGHTH STREET
City-St-Zip: JACKSONVILLE, FL 32209

I hereby 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 all other like empowered.

SIGNATURE: CHARLES E. CANIFF, ESQ.

S

03/31/2010

Electronic Signature of Signing Officer or Director

Date

04/13/2010 09:49 FAX 904 244 1209

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ATTACHMENT
2010 Annual Report
SHANDS JACKSONVILLE HEALTHCARE, INC.

DOCUMENT #N03828
Annual Report Filed March 31, 2010
Additional Directors

D
DANFORD, JR., Ph.D., RICHARD
655 WEST EIGHTH STREET
JACKSONVILLE, FL 32209

D
MAGEE, MD, SAMPLE J.
655 WEST EIGHTH STREET
JACKSONVILLE, FL 32209

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

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

D
VUKICH, MD, DAVID
655 WEST EIGHTH STREET
JACKSONVILLE, FL 32209