2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

DOCUMENT# N03828

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:

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

New Mailing Address:

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: PD
Name: BURKHART, JAMES R
Address: 655 W. 8TH STREET
City-St-Zip: JACKSONVILLE, FL 232209

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

Title: S
Name: CANIFF, CHARLES E
Address: 655 W 8TH ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: D
Name: WILSON, DANIEL R MD, PHD
Address: 653 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D
Name: MCGRIFF, W A
Address: 6702 LINFORD LANE
City-St-Zip: JACKSONVILLE, FL 32217

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 S 04/26/2012

Electronic Signature of Signing Officer or Director — Date

N03828
4-26-12

Attachment to 2012 Annual Report
Document #N03828
Shands Jacksonville HealthCare, Inc.

Directors

Samir Y. Arrav, MD
Medical Director
UF Baymeadows Family Practice
& Pediatric Center
8274 Bayberry Road
Jacksonville, FL 32256

Sidney J. Gefen
6278-1 DuPont Station Court
Jacksonville, Florida 32258

Christopher R. Williams, MD
3rd Floor, Faculty Clinic
653 West 8th Street
Jacksonville, FL 32209

Linda R. Edwards, MD
3rd Floor, Faculty Clinic
653 West 8th Street
Jacksonville, FL 32209

Theodore A. Bass, MD
Professor of Medicine/Chief,
Division of Cardiology/Program
Director, Interventional
Cardiology Fellowship Program
5th Floor, Ambulatory Care Ctr.
655 West 8th Street
Jacksonville, FL 32209

Beth McCague
6740 Epping Forest Way N #102
Jacksonville FL 32217

Lynn Pappas
Gunster, Yoakley & Stewart, P.A.
225 Water Street, Suite 1750
Jacksonville, Florida 32202-5137

Ana Alvarez, MD
Associate Professor
Department of Pediatrics
Academic Office
3rd Floor, LRC
653-1 West 8th Street
Jacksonville, FL 32209

Nat Glover
Edward Waters College
President
President's Office # 200
1658 Kings Road
Jacksonville, FL 32209

Lawrence (Laurie) DuBow
6730 Epping Forest Way W. Apt. 110
Jacksonville, FL 32217