

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90180 036 \*\*\*\*61.25

**DOCUMENT # N03828**

1. Entity Name

**SHANDS JACKSONVILLE HEALTHCARE, INC.**



Principal Place of Business

**655 WEST EIGHTH STREET  
JACKSONVILLE FL 32209**

Mailing Address

**ATTENTION: CHARLES E. CANIFF  
655 WEST 8TH STREET  
JACKSONVILLE FL 32209**

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**

☐ CHECK HERE IF MAKING CHANGES



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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

|                |                                     |                                            |
|----------------|-------------------------------------|--------------------------------------------|
| TITLE          | CD                                  | <input type="checkbox"/> Delete            |
| NAME           | <b>GOLDFARB, TIMOTHY</b>            |                                            |
| STREET ADDRESS | <b>655 WEST 8TH STREET</b>          |                                            |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32209</b>        |                                            |
| TITLE          | PD                                  | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>STORY, SR., OTIS L</b>           |                                            |
| STREET ADDRESS | <b>655 WEST 8TH STREET</b>          |                                            |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32209</b>        |                                            |
| TITLE          | D                                   | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BARRETT, M. D., DOUGLAS</b>      |                                            |
| STREET ADDRESS | <b>1600 S. ARCHER RD.</b>           |                                            |
| CITY-ST-ZIP    | <b>GAINESVILLE FL 32610</b>         |                                            |
| TITLE          | D                                   | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BULLARD, FRED B JR</b>           |                                            |
| STREET ADDRESS | <b>2325 ULMERTON ROAD, SUITE 20</b> |                                            |
| CITY-ST-ZIP    | <b>CLEARWATER FL 34622</b>          |                                            |
| TITLE          | D                                   | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>CRISER, MARSHALL M</b>           |                                            |
| STREET ADDRESS | <b>50 N. LAURA ST.</b>              |                                            |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32204</b>        |                                            |
| TITLE          | S                                   | <input type="checkbox"/> Delete            |
| NAME           | <b>CANIFF, CHARLES E</b>            |                                            |
| STREET ADDRESS | <b>655 W. 8TH ST.</b>               |                                            |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32209</b>        |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                   |                                                                              |
|----------------|-----------------------------------|------------------------------------------------------------------------------|
| TITLE          | D                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Jodi Mansfield</b>             |                                                                              |
| STREET ADDRESS | <b>1600 SW Archer</b>             |                                                                              |
| CITY-ST-ZIP    | <b>Gainesville, FL 32610-0326</b> |                                                                              |
| TITLE          | D                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>David Vukich, M.D</b>          |                                                                              |
| STREET ADDRESS | <b>655 West 8th St.</b>           |                                                                              |
| CITY-ST-ZIP    | <b>Jacksonville, FL 32209</b>     |                                                                              |
| TITLE          | D                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Robert C. Nuss, M.D</b>        |                                                                              |
| STREET ADDRESS | <b>653 West 8th St.</b>           |                                                                              |
| CITY-ST-ZIP    | <b>Jacksonville, FL 32209</b>     |                                                                              |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |                                                                              |
| STREET ADDRESS |                                   |                                                                              |
| CITY-ST-ZIP    |                                   |                                                                              |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |                                                                              |
| STREET ADDRESS |                                   |                                                                              |
| CITY-ST-ZIP    |                                   |                                                                              |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |                                                                              |
| STREET ADDRESS |                                   |                                                                              |
| CITY-ST-ZIP    |                                   |                                                                              |

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 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* **Charles Caniff** 04/29/03 904-244-8684

CR2E037 (10/02)

N03828  
70056365

**ATTACHMENT FOR 2003 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT NUMBER: N03828**

**ENTITY: SHANDS JACKSONVILLE HEALTHCARE, INC.**

**10. Officers and Directors - Continued**

T

William J. Ryan  
655 West 8<sup>th</sup> Street  
Jacksonville, Florida 32209

D

Richard D. Danford, Jr., Ph.D.  
903 W. Union Street  
Jacksonville, Florida 32204-1161

D

C. Craig Tisher, M.D. Delete  
1600 S.W. Archer Rd., Rm. M110  
Gainesville, Florida 32610

D

Jerry W. Davis Delete  
855-601 St. Johns Bluff Road  
Jacksonville, Florida 32225

D

Allen L. Lastinger, Jr. Delete  
1145 Campbell Ave.  
Jacksonville, Florida 32207

D

J. Sample Magee, M.D.  
580 West 8<sup>th</sup> Street Suite 8005  
Jacksonville, Florida 32209

D

Pamela Y. Paul  
117 West Duval Street Suite 400  
Jacksonville, FL 32202

D

Carolyn King Roberts Delete  
115 NE 8<sup>th</sup> Avenue  
Ocala, Florida 34470

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~~70056315~~

D

Louis S. Russo, M.D.  
653 West 8<sup>th</sup> Street  
Jacksonville, Florida 32209

Delete

D

L. Jerome Spates  
4727 Lannie Road  
Jacksonville, Florida 32219

D

Harold S. O'Steen  
759 Edgewood Ave. North  
Jacksonville, FL 32205