2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703859

Entity Name: JACKSONVILLE SPEECH AND HEARING CENTER, INC.

FILED Feb 09, 2017 Secretary of State CC3639554656

Current Principal Place of Business:

1128 N. LAURA STREET JACKSONVILLE. FL 32206-4912

Current Mailing Address:

40 EAST ADAMS STREET, SUITE LL20 JACKSONVILLE, FL 32202 US

FEI Number: 59-0970718 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HOWLAND, MICHAEL RAYMOND 40 EAST ADAMS STREET, SUITE LL20 JACKSONVILLE, FL 32202 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: MICHAEL R HOWLAND 02/09/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR Title CHAIRMAN
Name PEPIS, RICK Name RUTH, AMY

Address 113 OLD PONTE VEDRA DRIVE Address 4800 DEERWOOD CAMPUS

PARKWAY, DC 100-4

DIRECTOR

City-State-Zip: PONTE VEDRA BEACH FL 32082

City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR

Name HEARD, ROSA

Address 11844 MANDARIN ROAD Name HOWLAND, MICHAEL RAYMOND

Address 1128 N. LAURA STREET
City-State-Zip: JACKSONVILLE FL 32223

City-State-Zip: JACKSONVILLE FL 32223 City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR

Name PATSY, RICHARD G Name SHELTON, WILLIAM G JR.

Address 500 WATER STREET Address 501 RIVERSIDE AVENUE # 800

Title

C110

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER Title DIRECTOR

Name CLARK, BRIAN P Name MADDERN, BRUCE R MD

Address 501 RIVERSIDE AVENUE Address 10475 CENTURION N PARKWAY # 302

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32256

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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: MICHAEL R HOWLAND PRESIDENT CEO 02/09/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 MCINNES, DAVID MD
 Name
 O'LEARY, JIM

Address 2627 RIVERSIDE AVENUE Address 111 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204 City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR Title DIRECTOR

Name PINCOMB, MYRON Name PHELAN, MARY ALICE
Address 11555 CENTRAL PARKWAY # 103 Address 2970 ST. JOHNS AVE # 5D

City-State-Zip: JACKSONVILLE FL 32224 City-State-Zip: JACKSONVILLE FL 32205

TitleDIRECTORTitleSECRETARYNamePURCELL, KENNameRISNER, PAUL E

Address 227 ROSCOE BOULEVARD, N Address 400 NORTH LOMBARDY LOOP

City-State-Zip: PONTE VEDRA FL 32082 City-State-Zip: ST. JOHNS FL 32259

Title DIRECTOR Title DIRECTOR

Name SAPIENZA, CHRISTINE PHD Name WEINROTH, ERIC

Address 2800 UNIVERSITY BOULEVARD, NORTH Address 161 WOODLANDS CREEK DRIVE

City-State-Zip: JACKSONVILLE FL 32211 City-State-Zip: PONTE VEDRA FL 32082

Title DIRECTOR Title DIRECTOR

Name ELLIOTT, LYNNE Name BRENNAN, KIRK

Address 3651 SALTMEADOW CT. N Address 3107 SAWGRASS VILLAGE CIRCLE
City State Zip: IACKSONVILLE FL 32024 City-State-Zip: PONTE VEDRA BEACH FL 32082

City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR Title DIRECTOR

Name GONZALEZ, EDMUNDO

Name BARKER, MAE Address Address Address 3236 BEACH BOULEVARD

City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR Title DIRECTOR

Name KAPLAN, SHARON Name POOLE, STACEY

Address 841 PRUDENTIAL DRIVE, SUITE 1450

Address 580 LAWTON AVENUE

City-State-Zip: JACKSONVILLE FL 32208

City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR

Title DIRECTOR

Name WHITKOP, ROBERT
Name SHERMAN, STEVEN

Address 95035 WOODBERRY LANE Address 13166 ANNANDALE DRIVE, S

City-State-Zip: JACKSONVILLE FL 32225