

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747363

**Entity Name:** SHANDS JACKSONVILLE AFFILIATES, INC.

**Current Principal Place of Business:**

655 WEST 8TH STREET  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

655 WEST 8TH STREET  
JACKSONVILLE, FL 32209

**FEI Number:** 59-1913819

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DEBARDELEBEN, JON ESQ.  
655 WEST 8TH STREET  
JACKSONVILLE, FL 32209 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:** JON DEBARDELEBEN

04/03/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MILLER, GREG  
Address 655 WEST 8TH STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR, TREASURER  
Name COCCHI, DEAN  
Address 655 WEST 8TH STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title SD  
Name DEBARDELEBEN, JON ESQ.  
Address 655 WEST 8TH STREET  
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR, CHAIRMAN  
Name HALEY, JR., LEON L. M.D.  
Address 655 WEST 8TH STREET  
City-State-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:** JON DEBARDELEBEN, ESQ.

SECRETARY

04/03/2019

Electronic Signature of Signing Officer/Director Detail

Date