

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759011

Entity Name: SHANDS JACKSONVILLE MEDICAL CENTER, INC.**Current Principal Place of Business:**655 WEST 8TH STREET
JACKSONVILLE, FL 32209**Current Mailing Address:**655 WEST 8TH STREET
JACKSONVILLE, FL 32209 US**FEI Number:** 59-2142859**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

04/17/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, DIRECTOR
Name NELSON, DAVID R M.D.
Address 655 WEST 8TH STREET
City-State-Zip: JACKSONVILLE FL 32209

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

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

Title DIRECTOR, CEO
Name GREEN, PATRICK L FACHE
Address 653 WEST 8TH STREET
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR
Name SPENCER, KENDALL
Address 655 WEST 8TH STREET
City-State-Zip: JACKSONVILLE FL 32209

Title ASSISTANT SECRETARY
Name TEMPLIN, JR., ROBERT B ESQ.
Address 655 WEST 8TH STREET
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR
Name POWERS, MARSHA
Address 655 WEST 8TH STREET
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR
Name MANN, DAVID
Address 655 WEST 8TH STREET
City-State-Zip: JACKSONVILLE FL 32209

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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: JON DEBARDELEBEN, ESQ.**SECRETARY**

04/17/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT TREASURER
Name RAUSCH, PAT
Address 655 WEST 8TH STREET
City-State-Zip: JACKSONVILLE FL 32209

Title ASST. SECRETARY
Name CLONTZ, JOHN E
Address 655 WEST 8TH STREET
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR
Name BROWN, LARAE C MD
Address 655 WEST 8TH STREET
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR
Name GRAY-EUROM, KELLY MD, MMM,
FACEP
Address 655 WEST 8TH STREET
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR
Name EDWARDS, LINDA R. MD
Address 655 WEST 8TH STREET
City-State-Zip: JACKSONVILLE FL 32209