

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

05/22/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CD
Name GUZICK, DAVID S. MD, PHD
Address 1515 SW ARCHER ROAD, SUITE 23C1
City-State-Zip: GAINESVILLE FL 32608

Title TREASURER
Name RYAN, WILLIAM J.
Address 655 WEST 8TH ST
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR
Name EDWARDS, LINDA R. MD
Address 653 WEST 8TH STREET
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR
Name BASS, THEODORE A. MD
Address 655 WEST 8TH STREET
5TH FLOOR, AMBULATORY CARE
CENTER
City-State-Zip: JACKSONVILLE FL 32209

Title CEOD
Name ARMISTEAD, RUSSELL E. JR., MBA
Address 655 WEST 8TH STREET
City-State-Zip: JACKSONVILLE FL 32209

Title S
Name ROBERTS, JAMES M. ESQ.
Address 1515 SW ARCHER ROAD
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name WILLIAMS, CHRISTOPHER R. MD
Address 653 WEST 8TH STREET
3RD FLOOR, FACULTY CLINIC
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR
Name MCCAGUE, BETH
Address 6740 EPPING FOREST WAY N.
APT. #106
City-State-Zip: JACKSONVILLE FL 32217

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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

REGISTERED AGENT

05/22/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GLOVER, NAT
Address EDWARD WATERS COLLEGE
1658 KINGS ROAD PRESIDENT'S OFFICE #200
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR
Name CRAWFORD, TONI
Address 989 PONTE VEDRA BLVD.
City-State-Zip: JACKSONVILLE FL 32082

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

Title DIRECTOR
Name SCUDERI, CHRISTOPHER B. M.D.
Address 3122 NEW BERLIN ROAD
City-State-Zip: JACKSONVILLE FL 32226

Title ASSISTANT SECRETARY
Name DIAZ, SONYA M
Address 655 WEST 8TH STREET
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR
Name SANTARONE, MICHAEL S
Address C/O STELLAR CONTRACTING, INC.
2900 HARTLEY ROAD
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name BOYNTON, MICHELLE M.
Address 1008 ARBOR LANE
City-State-Zip: JACKSONVILLE FL 32207

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

Title DIRECTOR
Name PATEL, RAHUL ESQ.
Address 1180 PEACHTREE STREET
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR
Name KERWIN, ANDREW J M.D., FACS
Address 655 WEST 8TH STREET
8TH FLOOR, CLINICAL CENTER
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR
Name HALEY, LEON L JR., MD, MHSA, CPE,
FACEP
Address 653 WEST 8TH STREET
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR
Name SPENCER, KENDALL
Address MARKET PRESIDENT, AMERIS BANK
1301 RIVERPLACE BOULEVARD SUIT
2600
City-State-Zip: JACKSONVILLE FL 32207