2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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Entity Name: SHANDS JACKSONVILLE MEDICAL CENTER, INC.

Current Principal Place of Business:

655 W 8TH STREET
JACKSONVILLE, FL 32209

Current Mailing Address:

655 W 8TH STREET
JACKSONVILLE, FL 32209

FEI Number: 59-2142859

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIXON III, JONATHAN W. 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: JONATHAN W. DIXON III, ESQ. 03/07/2013

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	T
Name	GLEASON, MICHAEL E
Address	655 WEST 8TH ST
City-State-Zip:	JACKSONVILLE FL 32209

Title	AS
Name	DIXON III, JONATHAN W. ESQ.
Address	655 W 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

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

Title	S
Name	ROBERTS, JAMES M. ESQ.
Address	1515 SW ARCHER ROAD, SUITE 2307
City-State-Zip:	GAINESVILLE FL 32608

Title	AS
Name	BERGER, MARY J. ESQ.
Address	655 W 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: JONATHAN W. DIXON III, ESQ. REGISTERED AGENT 03/07/2013

Electronic Signature of Signing Officer/Director Detail — Date