2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 26, 2024
Secretary of State
9295833617CC

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 11/26/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

Title	CEO
Name	GREEN, PATRICK L.
Address	655 WEST 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

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

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

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

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

Title	DIRECTOR
Name	MANN, DAVID M.
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

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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: ROBERT B. TEMPLIN, JR. ASST. SECRETARY 11/26/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LEVINE, ALAN M.
Address	655 WEST 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR
Name	BEEBE, EDMUND H.
Address	655 WEST 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR
Name	HUNT, JENNIFER L.
Address	655 WEST 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR
Name	MOREY, TIMOTHY E.
Address	655 WEST 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR
Name	FUCHS, W. KENT
Address	655 WEST 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR
Name	MOTEW, STEPHEN J.
Address	655 WEST 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR
Name	STILLEY, ROBERT J.
Address	655 WEST 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

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

Title	DIRECTOR
Name	JANTZ, TAYLOR B.
Address	655 WEST 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR
Name	NEVILLE, TODD D.
Address	655 WEST 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR, SECRETARY
Name	HASS, AMY
Address	655 WEST 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209