2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2018
Secretary of State
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DOCUMENT# N03828

Entity Name: SHANDS JACKSONVILLE HEALTHCARE, 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: 59-2441966

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 03/26/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

Title	DIRECTOR
Name	EDWARDS, LINDA 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

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

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

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

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

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

Continues on page 2

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. REGISTERED AGENT 03/26/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

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

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