2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2015
Secretary of State
CC8765136451

DOCUMENT# N03828

Entity Name: SHANDS JACKSONVILLE HEALTHCARE, INC.

Current Principal Place of Business:

655 W. 8TH STREET
JACKSONVILLE, FL 32209

Current Mailing Address:

655 W. 8TH STREET
JACKSONVILLE, FL 32209 US

FEI Number: 59-2441966

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIXON III, JONATHAN W. ESQ.
655 W. 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. 03/24/2015

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 W 8TH ST
City-State-Zip:	JACKSONVILLE FL 32209

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

Title	DIRECTOR
Name	MCGRIFF, W. A. (MAC)
Address	6702 LINFORD LANE
City-State-Zip:	JACKSONVILLE FL 32217-2660

Title	CEOD
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 23C1
City-State-Zip:	GAINESVILLE FL 32608

Title	DIRECTOR
Name	WILSON, DANIEL R. MD, PH.D.
Address	653 W. 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR
Name	EDWARDS, LINDA R. MD
Address	653 W. 8TH STREET 3RD FLOOR, FACULTY CLINIC
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: JONATHAN W. DIXON III REGISTERED AGENT 03/24/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ARRAY, SAMIR Y. MD
Address	UF BAYMEADOWS FAMILY PRACTICE & PEDIATRIC CENTER 8274 BAYBERRY ROAD
City-State-Zip:	JACKSONVILLE FL 32256

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

Title	DIRECTOR
Name	PAPPAS, LYNN
Address	GUNSTER, YOAKLEY & STEWART, P.A. 225 WATER STREET SUITE 1750
City-State-Zip:	JACKSONVILLE FL 32202-5137

Title	DIRECTOR
Name	DUBOW, LAWRENCE (LAURIE)
Address	6730 EPPING FOREST WAY. W. APT. #110
City-State-Zip:	JACKSONVILLE FL 32217

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

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

Title	ASSISTANT SECRETARY
Name	SCOTT, CAROLYN ESQ.
Address	655 W. 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR
Name	WILLIAMS, CHRISTOPHER R. MD
Address	653 W. 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	GLOVER, NAT
Address	EDWARD WATERS COLLEGE 1658 KINGS ROAD PRESIDENT'S OFFICE #200
City-State-Zip:	JACKSONVILLE FL 32209

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

Title	DIRECTOR
Name	DAVIS, TROY M.
Address	DAVIS CAPITAL MANAGEMENT 4788 HODGES BLVD. SUITE #201
City-State-Zip:	JACKSONVILLE FL 32224

Title	ASSISTANT SECRETARY
Name	BERGER, MARY ESQ.
Address	655 W. 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209