2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2014
Secretary of State
CC6451493118

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Entity Name: SHANDS AUXILIARY, INC.

Current Principal Place of Business:

3007 SW WILLISTON ROAD
SUITE 1A
GAINESVILLE, FL 32608

Current Mailing Address:

P. O. BOX 100303
GAINESVILLE, FL 32610 US

FEI Number: 59-3551267

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALLO, VIVIAN M
3007 SW WILLISTON ROAD
SUITE 1A
GAINESVILLE, FL 32608 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D, VP
Name	JIMENEZ, EDWARD
Address	1600 SW ARCHER RD.
City-State-Zip:	GAINESVILLE FL 32610

Title	P, D
Name	GOLDFARB, TIMOTHY
Address	1600 SW ARCHER RD/BOX 100326
City-State-Zip:	GAINESVILLE FL 32610

Title	D
Name	GREATHOUSE, DAN
Address	636 N.E. 10TH AVENUE
City-State-Zip:	GAINESVILLE FL 32601

Title	D
Name	KRIEG, LINDSAY
Address	1600 SW ARCHER ROAD
City-State-Zip:	GAINESVILLE FL 32610

Title	D
Name	MCALPINE, LORENA
Address	3530 N. W. 39TH TERRACE
City-State-Zip:	GAINESVILLE FL 32606

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: LINDSAY KRIEG DIRECTOR 02/25/2014

Electronic Signature of Signing Officer/Director Detail — Date