

**2025 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M09000001336

**Entity Name:** SHANDS/SOLANTIC JOINT VENTURE, LLC

**Current Principal Place of Business:**

10151 DEERWOOD PARK BLVD.  
BUILDING 400 SUITE 200  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

10151 DEERWOOD PARK BLVD.  
BUILDING 400 SUITE 200  
JACKSONVILLE, FL 32256 US

**FEI Number: 26-4732338**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MARIA OZAETA, VICE PRESIDENT**

**08/18/2025**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGING MEMBER  
Name SOLANTIC OF ORLANDO, LLC  
Address 10151 DEERWOOD PARK BLVD.  
BUILDING 400 SUITE 200  
City-State-Zip: JACKSONVILLE FL 32256

Title CEO  
Name GINTER, SHAUN  
Address 10151 DEERWOOD PARK BLVD.  
BUILDING 400 SUITE 200  
City-State-Zip: JACKSONVILLE FL 32256

Title CFO  
Name MOHAMED, WAEL  
Address 10151 DEERWOOD PARK BLVD.  
BUILDING 400 SUITE 200  
City-State-Zip: JACKSONVILLE FL 32256

Title OTHER  
Name COYNE, FRAN  
Address 10151 DEERWOOD PARK BLVD.  
BUILDING 400 SUITE 200  
City-State-Zip: JACKSONVILLE FL 32256

Title OTHER  
Name THORNTON, ROBERT  
Address 10151 DEERWOOD PARK BLVD.  
BUILDING 400 SUITE 200  
City-State-Zip: JACKSONVILLE FL 32256

Title OTHER  
Name KELLY, JAMES  
Address 10151 DEERWOOD PARK BLVD.  
BUILDING 400 SUITE 200  
City-State-Zip: JACKSONVILLE FL 32256

Title OTHER  
Name GARDNER, GEOFF  
Address 10151 DEERWOOD PARK BLVD.  
BUILDING 400 SUITE 200  
City-State-Zip: JACKSONVILLE FL 32256

Title AUTHORIZED MEMBER  
Name SHANDS TEACHING HOSPITAL AND  
CLINICS, INC,  
Address 10151 DEERWOOD PARK BLVD.  
BUILDING 400 SUITE 200  
City-State-Zip: JACKSONVILLE FL 32256

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: FRAN COYNE**

**OTHER**

**08/18/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date