

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

10/29/2025

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 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

Title OTHER
Name HOLMES, MICHAEL
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

10/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date