

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

06-03-2004 90002 022 *****61.25

DOCUMENT # 747363

1. Entity Name
METHODIST REGIONAL HOSPITAL SYSTEM, INC.



Principal Place of Business
**580 WEST 8TH STREET
JACKSONVILLE, FL 32209**

Mailing Address
**655 WEST 8TH ST.
ATTN: CHARLES E CANIFF, ESQ
JACKSONVILLE, FL 32209**

54056478



2. Principal Place of Business

655 West 8th Street

3. Mailing Address

Suite, Apt. #, etc.

01072004

Chg-NP

CR2E037 (10/03)

City & State

Jacksonville, FL

City & State

Zip

32209

Country

Zip

Country

4. FEI Number

59-1913819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CANNIFF, CHARLES E ESQ
655 WEST 8TH STREET
JACKSONVILLE, FL 32209**

7. Name and Address of New Registered Agent

Name **CANIFF, CHARLES E, ESQ**

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CPD** ☐ Delete
NAME **GOLDFARB, TIMOTHY**
STREET ADDRESS **655 WEST 8TH ST.**
CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE **SD** ☐ Delete
NAME **CANIFF, CHARLES E ESQ**
STREET ADDRESS **655 WEST 8TH ST.**
CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE **TD** ☐ Delete
NAME **RYAN, WILLIAM J**
STREET ADDRESS **655 WEST 8TH ST.**
CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles E Caniff, Secretary, June 1, 2004, 904-244-5844