

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90029 001 ****61.25

DOCUMENT # 711535

1. Entity Name

METHODIST MEDICAL CENTER, INC.

Principal Place of Business

**655 WEST 8TH STREET
 JACKSONVILLE FL 32209**

Mailing Address

**655 WEST 8TH STREET
 ATTN: CHARLES E. CANIFF
 JACKSONVILLE FL 32209**

8



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1158241**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MANSFELD, JODI 655 W 8TH STREET JACKSONVILLE FL 32209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORTON, ROBERT G 655 W 8TH STREET JACKSONVILLE FL 32209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'STEON, HAROLD S 759 EDGEWOOD AVENUE NORTH JACKSONVILLE FL 32205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLARD, FRED B 2325 ULMERTON ROAD, SUITE 20 CLEARWATER FL 34622	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISER, MARSHALL ESQ 50 N LAURA STREET JACKSONVILLE FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANIFF, CHARLES E 655 W 8TH STREET JACKSONVILLE FL 32209	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Timothy Goldfarb 655 West 8th Street Jacksonville, FL. 32209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Otis L. Story, Sr. 655 West 8th Street Jacksonville, FL 32209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Douglas Barrett, M.D. 1600 S.W. Archer Road Gainesville, FL. 32610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D C. Craig Tisher, M.D. 1600 S.W. Archer Road Gainesville, FL. 32610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jerry W. Davis 855-601 St. Johns Bluff Road Jacksonville, FL. 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T William J. Ryan 655 West 8th Street Jacksonville, FL. 32209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Charles E. Caniff* **Charles E. Caniff** 04/30/02 904-244-5984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)

Attachment 850866
711535

ATTACHMENT FOR 2002 UNIFORM BUSINESS REPORT (UBR)
DOCUMENT NUMBER: 711535
ENTITY: METHODIST MEDICAL CENTER, INC.

10. Officers and Directors

T
Greg Gay, CPA
655 West 8th Street
Jacksonville, Florida 32209
Delete

D
Kenneth I. Berns, M.D., Ph.D
1600 SW Archer Road Room H-102
Gainesville, Florida 32610
Delete

D
Allen L. Lastinger, Jr.
1145 Campbell Ave.
Jacksonville, Florida 32207

D
J. Sample Magee, M.D.
580 West 8th Street Suite 8005
Jacksonville, Florida 32209

D
Pamela Y. Paul
117 West Duval Street Suite 400
Jacksonville, Florida 32202

D
Carolyn King Roberts
115 NE 8th Avenue
Ocala, Florida 34470

D
Louis S. Russo, M.D.
653 West 8th Street
Jacksonville, Florida 32209

D
Chief L. Jerome Spates
4727 Lannie Road
Jacksonville, Florida 32219

D
Richard D. Danford, Jr., PhD.
903 West Union Street
Jacksonville, Florida 32204