

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

06-03-2004 90002 027 *****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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CANIFF, CHARLES E ESQ. 655 WEST 8TH STREET JACKSONVILLE, FL 32209		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		4. FEI Number 59-1158241	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.		DATE _____ (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD GOLDFARB, TIMOTHY 655 W 8TH STREET JACKSONVILLE, FL 32209	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RYAN, WILLIAM J 655 W 8TH STREET JACKSONVILLE, FL 32209	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CANIFF, CHARLES E 655 W 8TH STREET JACKSONVILLE, FL 32209	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>Charles E. Caniff</i> Charles E. Caniff, Secretary, June 1, 2004, 904-244-5984 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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