## **2004 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

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

DOCUMENT, # 711535  1. Entity Name METHODIST MEDICAL CENTER, INC.					06-03-2004 90002 027 ****61.25					
655 WEST 8	ce of Business ITH STREET LE, FL 32209	Mailing Address 655 WEST 8TH STREE ATTN: CHARLES E. CAI JACKSONVILLE, FL 32	VIFF		[   	1881 (1881) BURR (1881) B		56 <b>4</b> 73		
2. Principal Place of Business 3.		3. Mailing Address	. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082004	Chg-NP	CR2E037	7 (10/03)		
City & State		City & State			4. FEI Number 59-1158241			<del>  -</del>	plied For t Applicable	
Zip	Country	Zip	Coun	try	5. Certificate o	Status Desired		8.75 Add ee Required		
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered A	gent		
655 WEST	CHARLES E ESQ. F8TH STREET IVILLE, FL 32209				reet Address (P.O. Box Number is Not Acceptable)					
	1 1 2			City			FL	Zip Code	9	
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered	d office or registe	red agent, or both	, in the State of F	lorida. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature require	d when reinstating)		DATE			
SIGNATURE		and title if applicable. (NOT	mpaign Fir	ancing _	\$5.00 May Be Added to Fees		DATE Make check rida Departr			
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004	9. Election Cal Trust Fund (	mpaign Fir Contributio	ancing n.	\$5.00 May Be Added to Fees	Flo	Make check rida Departr	nent of St	ate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent	9. Election Cal Trust Fund (	mpaign Fin Contributio 11. TITLE NAME	ancing n.   ADDRESS	\$5.00 May Be	Flo	Make check rida Departr ERS AND DIRE	nent of St	ate	
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DII  PCD GOLDFARB, TIMOTHY 655 W 8TH STREET	9. Election Ca Trust Fund (	mpaign Fin Contributio 11. TITLE NAME STREET CITY-S TITLE NAME	ADDRESS ADDRESS ADDRESS	\$5.00 May Be Added to Fees	Flo	Make check rida Departr ERS AND DIRE	nent of Sta	ate 10	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIE  PCD GOLDFARB, TIMOTHY 655 W 8TH STREET JACKSONVILLE, FL 32209  TD RYAN, WILLIAM J 655 W 8TH STREET	9. Election Ca Trust Fund of RECTORS	mpaign Fin Contributio  11.  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME NAME NAME NAME NAME NAME	ADDRESS T-ZIP  ADDRESS ADDRESS ADDRESS	\$5.00 May Be Added to Fees	Flo	Make check rida Departr ERS AND DIRE	nent of Sta	10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIE  PCD GOLDFARB, TIMOTHY 655 W 8TH STREET JACKSONVILLE, FL 32209 TD RYAN, WILLIAM J 655 W 8TH STREET JACKSONVILLE, FL 32209 SD CANIFF, CHARLES E 655 W 8TH STREET	9. Election Car Trust Fund (  RECTORS  Delete	mpaign Fin Contributio  11.  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS	\$5.00 May Be Added to Fees	Flo	Make check rida Departr ERS AND DIRI	nent of St.  ECTORS IN  Change	10 Addition Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIE  PCD GOLDFARB, TIMOTHY 655 W 8TH STREET JACKSONVILLE, FL 32209 TD RYAN, WILLIAM J 655 W 8TH STREET JACKSONVILLE, FL 32209 SD CANIFF, CHARLES E 655 W 8TH STREET	9. Election Car Trust Fund ( RECTORS  Delete  Delete	mpaign Fin Contributio  11.  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	\$5.00 May Be Added to Fees	Flo	Make check rida Departr ERS AND DIRI	nent of St.  CTORS IN Change Change	10 Addition Addition 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 of 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 others in the component of the component of the corporation of the receiver of 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 a particular content of the corporation of the receiver of the recei

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP