

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90180 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**



CHECK HERE IF MAKING CHANGES

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

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD GOLDFARB, TIMOTHY 655 W 8TH STREET JACKSONVILLE FL 32209</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD Timothy Goldfarb 655 West 8th Street Jacksonville, FL 32209</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD STORY, OTIS L SR 655 W 8TH STREET JACKSONVILLE FL 32209</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD William J. Ryan 655 West 8th Street Jacksonville, FL 32209</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D O'STEON, HAROLD S 759 EDGEWOOD AVENUE NORTH JACKSONVILLE FL 32205</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BULLARD, FRED B 2325 ULMERTON ROAD, SUITE 20 CLEARWATER FL 34622</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CRISER, MARSHALL ESQ 50 N LAURA STREET JACKSONVILLE FL 32204</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CANIFF, CHARLES E 655 W 8TH STREET JACKSONVILLE FL 32209</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Charles E. Caniff 655 West 8th Street Jacksonville, FL 32209</b> <input checked="" type="checkbox"/> Change <input 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* 04/29/03 904-244-8684

CR2E037 (10/02)

attachment

711535  
70054400

**ATTACHMENT FOR 2003 UNIFORM BUSINESS REPORT (UBR)  
DOCUMENT NUMBER: 711535  
ENTITY: METHODIST MEDICAL CENTER, INC.**

**10. Officers and Directors - Continued**

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William J. Ryan  
655 West 8<sup>th</sup> Street  
Jacksonville, Florida 32209

D

Douglas Barrett, M.D. Delete  
1600 S.W. Archer Road.  
Gainesville, Florida 32610

D

C. Craig Tisher, M.D. Delete  
1600 S.W. Archer Road  
Gainesville, Florida 32610

D

Jerry W. Davis Delete  
855-601 St. Johns Bluff Rd.  
Jacksonville, Florida 32225

D

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

D

J. Sample Magee, M.D. Delete  
580 West 8<sup>th</sup> Street Suite 8005  
Jacksonville, Florida 32209

D

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

D

Carolyn King Roberts Delete  
115 NE 8<sup>th</sup> Avenue  
Ocala, Florida 34470

attachment

711535  

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70056400

D  
Louis S. Russo, M.D. Delete  
653 West 8<sup>th</sup> Street  
Jacksonville, Florida 32209

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

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