

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90027 049 ****61.25

DOCUMENT # 771078

1. Entity Name

METHODIST HEALTH SYSTEM, INC.

Principal Place of Business

580 WEST EIGHTH STREET
JACKSONVILLE FL 32209
US

Mailing Address

655 WEST 8TH STREET
ATTN KELLY RIGDEN ADMIN
JACKSONVILLE FL 32209
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Attention: Charles E. Caniff

655 West 8th Street
Jacksonville, FL

32209



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2346978

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name Charles E. Caniff, Esq.

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

655 West 8th Street

City

Jacksonville

FL

Zip Code

32209

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

Charles E. Caniff

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

(NOTE: Registered Agent signature required when reinstating)

4/27/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANFORD, RICHARD D 233 WEST DUVAL STREET 14TH FL JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAY, WILLIAM W 524 STOCKTON STREET JACKSONVILLE FL 32204	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, PAMELA Y 117 WEST DUVAL ST STE 400 JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GAINTNER, RICHARD J MD 1600 S.W. ARCHER ROAD GAINESVILLE FL 32610	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEITH, THOMAS D 655 WEST 8TH STREET JACKSONVILLE FL 32209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
903 West Union Street Jacksonville, FL 32204	
PD Robert G. Norton 655 West 8th Street Jacksonville, FL 32209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D Harold S. O'Steen 759 Edgewood Avenue North Jacksonville, FL 32205	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CD Jodi Mansfield 655 West 8th Street Jacksonville, FL 32209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D Marshall M. Criser 50 N. Laura Street Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D Fred B. Bullard, Jr. 2325 Uimerton Road, Suite 20 Clearwater, FL 34622	<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

Date

Daytime Phone #

CR2E037 (10/00)

attachment
D# 771078
BOO48902

ATTACHMENT FOR 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT NUMBER: 771078

ENTITY: METHODIST HEALTH SYSTEM, INC.

11. Additions/Changes to Officers and Directors in 10

T Greg Gay, CPA 655 West 8 th Street Jacksonville, Florida 32209	Addition
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S Charles E. Caniff 655 West 8 th Street Jacksonville, Florida 32209	Addition
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D Kenneth I. Berns, M.D., Ph.D. 1600 SW Archer Road Room H-102 Gainesville, Florida 32610	Addition
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D Allen L. Lastinger, Jr. 1145 Campbell Avenue Jacksonville, Florida 32207	Addition
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D J. Sample Magee, M.D. 580 West 8 th Street Suite 8005 Jacksonville, Florida 32209	Addition
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D Carolyn King Roberts 115 NE 8 th Avenue Ocala, Florida 34470	Addition
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D Louis S. Russo, M.D. 653 West 8 th Street Jacksonville, Florida 32209	Addition
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D Chief L. Jerome Spates 4727 Lannie Road Jacksonville, Florida 32219	Addition
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