

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-09-2002 90029 035 ****61.25

DOCUMENT # 771078

1. Entity Name

METHODIST HEALTH SYSTEM, INC.

Principal Place of Business

Mailing Address

**655 WEST EIGHTH STREET
 JACKSONVILLE FL 32209
 US**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2346978**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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	<input type="checkbox"/> Delete
D	DANFORD, RICHARD D	903 WEST UNION STREET	JACKSONVILLE FL 32204	<input type="checkbox"/>
PD	NORTON, ROBERT G	655 WEST 8TH STREET	JACKSONVILLE FL 32209	<input checked="" type="checkbox"/>
D	PAUL, PAMELA Y	117 WEST DUVAL ST STE 400	JACKSONVILLE FL 32202	<input type="checkbox"/>
CD	MANSFIELD, JODI	655 WEST 8TH STREET	JACKSONVILLE FL 32209	<input checked="" type="checkbox"/>
D	CRISER, MARSHALL M	50 N LAURA STREET	JACKSONVILLE FL 32204	<input type="checkbox"/>
D	BULLARD, FRED B JR	2325 ULMERTON ROAD SUITE 20	CLEARWATER FL 34622	<input type="checkbox"/>

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

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

Date

Daytime Phone #

CR2E037 (9/01)

850867

Attachment #771078

**ATTACHMENT FOR 2002 UNIFORM BUSINESS REPORT (UBR)
DOCUMENT NUMBER: 771078
ENTITY: METHODIST HEALTH SYSTEM, INC.**

10. Officers and Directors

T

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

Delete

S

Charles E. Caniff
655 West 8th Street
Jacksonville, Florida 32209

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

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

Harold S. O'Steen
759 Edgewood Ave. North
Jacksonville, Florida 32205