


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

06-03-2004 90002 026 \*\*\*\*61.25

**DOCUMENT # 771078**

1. Entity Name  
**METHODIST HEALTH SYSTEM, INC.**



Principal Place of Business  
**655 WEST EIGHTH STREET  
 JACKSONVILLE, FL 32209 US**

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

**54056474**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01082004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent  
**CANIFF, CHARLES E ESQ  
 655 WEST 8TH STREET  
 JACKSONVILLE, FL 32209**

4. FEI Number  
**59-2346978**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD GOLDFARB, TIMOTHY 655 WEST 8TH STREET JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARIFF, CHARLES E 655 WEST 8TH STREET JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RYAN, WILLIAM J 655 WEST 8TH STREET JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Caniff, Charles E. 655 West 8th Street Jacksonville, FL 32209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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* Secretary, June 1, 2004 *904-244-5984*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #