

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

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

05-07-2003 90180 042 ****61.25

00039683

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**

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

CHECK HERE IF MAKING CHANGES



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 _____
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DANFORD, RICHARD D	
STREET ADDRESS	903 WEST UNION STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	CD	<input type="checkbox"/> Delete
NAME	GOLDFARB, TIMOTHY	
STREET ADDRESS	655 WEST 8TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAUL, PAMELA Y	
STREET ADDRESS	117 WEST DUVAL ST STE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, JERRY	
STREET ADDRESS	655 WEST 8TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRISER, MARSHALL M	
STREET ADDRESS	50 N LAURA STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BULLARD, FRED B JR	
STREET ADDRESS	2325 ULMERTON ROAD SUITE 20	
CITY-ST-ZIP	CLEARWATER FL 34622	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy Goldfarb	
STREET ADDRESS	655 West 8th 8th Street	
CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles E Caniff	
STREET ADDRESS	655 West 8th St	
CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William J. Ryan	
STREET ADDRESS	655 West 8th St	
CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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** 4/29/03 904-244-8684

CR2E037 (10/02)

70050359
771078

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

10. Officers and Directors - Continued

S

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

T

William J. Ryan
655 West 8th Street
Jacksonville, Florida 32209

D

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

D

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

D

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

D

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

D

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

D

Carolyn King Roberts Delete
115 NE 8th Avenue
Ocala, Florida 34470

attachment ~~70056359~~
771078

D
Louis S. Russo, M.D.
653 West 8th Street
Jacksonville, Florida 32209

Delete

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

Delete

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

Delete