

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

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

05-09-2002 90029 033 ****61.25

DOCUMENT # N10635

1. Entity Name

Methodist Health Care System, Inc.

DO NOT WRITE IN THIS SPACE

850869

2. Principal Place of Business

655 West 8th Street

Suite, Apt. #, etc.

3. Mailing Address

Attn: Charles E. Caniff

Suite, Apt. #, etc.

655 West 8th Street

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-2892221

Applied For

Not Applicable

Zip

32209

Country

USA

Zip

32209

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current 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

**DO NOT WRITE
IN THIS SPACE**

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 _____

FEE IS \$61.25

Initial or Amended UBR

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
**CPD
Otis L. Story, Sr.
655 West 8th Street
Jacksonville, FL 32209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
William J. Ryan
655 West 8th Street
Jacksonville, FL 32209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Charles E. Caniff
655 West 8th Street
Jacksonville, FL 32209**

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Charles E. Caniff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles E. Caniff 4/30/02 (904)244-5984

Date

Daytime Phone #

CR2E037B (12/01)