

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

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

05-07-2003 90172 004 \*\*\*\*61.25

0003872

**DOCUMENT # N10635**

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



Principal Place of Business  
**655 WEST 8TH STREET  
JACKSONVILLE FL 32209**

Mailing Address  
**655 WEST 8TH STREET  
JACKSONVILLE FL 32209**

2. Principal Place of Business

3. Mailing Address

*Attn: Charles E. Caniff*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*655 West 8th Street*

City & State

City & State

*Jacksonville, FL*

Zip

Country

Zip

Country

*32209*

4. FEI Number **59-2892221**

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 9TH STREET  
ATTN CHARLES E CALIFF  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CPD STORY, OTIS L SR 655 WEST 8TH STREET JACKSONVILLE FL 32209</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD RYAN, WILLIAM J 655 WEST 8TH STREET JACKSONVILLE FL 32209</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CANIFF, CHARLES E 655 WEST 8TH STREET JACKSONVILLE FL 32209</b>	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPD Timothy Gold Park 655 West 8th Street Jacksonville, FL 32209</b>	<input checked="" type="checkbox"/> Change <input checked="" 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
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* 04/29/03 904-244-8684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)