

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

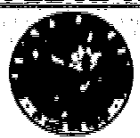
APPROVED AND FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 711535 (5)

1. Corporation Name
METHODIST MEDICAL CENTER, INC.

Principal Place of Business Mailing Address

500 W 8 ST. JACKSONVILLE FL 32209-6553 **500 W 8 ST. JACKSONVILLE FL 32209-6553**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/26/1966** 3a. Date of Last Report **04/14/1994**

4. FEI Number **59-1158241** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **XX** **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes **XX** No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

DREWA, MARCUS E
500 W. 8TH ST.
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	ROBERTS, RODELL F
STREET ADDRESS	1158 WEST 9TH STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	TD
NAME	MILLER, GEORGE T.
STREET ADDRESS	10628 WOODSDALE LANE, S.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	CD
NAME	DONOVAN, THOMAS W.
STREET ADDRESS	2700-C UNIVERSITY BLVD., W
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VCD
NAME	HEMINGWAY, LEROY II
STREET ADDRESS	619 CASSAT AVE.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VCD
NAME	BRANTLEY, LEWIS B
STREET ADDRESS	4435 ORTEGA FARMS CIR.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	PAST
NAME	DREWA, MARCUS E
STREET ADDRESS	500 W 8TH STREET
CITY - ST - ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 holder empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Marcus E. Drewa* **4-20-95** **904/798-8200**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Marcus E. Drewa