

FILE NOW: FILING FEE IS \$61.25

FILED

**May 28 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711535 (5)
1. Corporation Name
METHODIST MEDICAL CENTER, INC.

Principal Place of Business 580 W 8TH ST JACKSONVILLE FL 32209	Mailing Address 580 W 8TH ST JACKSONVILLE FL 32209
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3. Date Incorporated or Qualified
09/26/1966

4. FEI Number 59-1158241	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**DREWA, MARCUS E
580 W 8TH STREET
JACKSONVILLE, FL 32209**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1505, 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 617.0503, Florida Statutes.


SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBERTS, RODELL F		1.2 NAME	
STREET ADDRESS 1159 WEST 9TH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL		1.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, GEORGE T.		2.2 NAME	
STREET ADDRESS 10626 WOODSDALE LANE, S.		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL		2.4 CITY-ST-ZIP	
TITLE CD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DONOVAN, THOMAS W.		3.2 NAME	
STREET ADDRESS 2700-C UNIVERSITY BLVD., W.		3.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL		3.4 CITY-ST-ZIP	
TITLE VCD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEMINGWAY, LEROY II		4.2 NAME	
STREET ADDRESS 619 CASSAT AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL		4.4 CITY-ST-ZIP	
TITLE VCD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRANTLEY, LEWIS B.		5.2 NAME	
STREET ADDRESS 4435 ORTEGA FARMS CIR.		5.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL		5.4 CITY-ST-ZIP	
TITLE PAST	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DREWA, MARCUS E.		6.2 NAME	
STREET ADDRESS 580 W 8TH STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL		6.4 CITY-ST-ZIP	

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14. 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 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 trustee 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 on an attachment with an address.

SIGNATURE:  **Marcus E. Drewa 4/20/98** 904-798-8200