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NONPROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711535

1. *Corporation Name*

METHODIST MEDICAL CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 580 W 8 ST.<br>JACKSONVILLE FL 32209-6553 | 580 W 8 ST.<br>JACKSONVILLE FL 32209-6553 |

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 09/26/1966

4. FEI Number: 59-1158241 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

9. **Name and Address of Current Registered Agent**

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

10. **Name and Address of New Registered Agent**

81 Name: Robert E. Jordan
82 Street Address (P.O. Box Number is Not Acceptable): 580 W. 8th St.
83
84 City: Jacksonville **FL** 85 Zip Code: 32209

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ Robert E. Jordan 4/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | SD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ 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 | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ 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 | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ 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 | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ 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 | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ 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 | PAT | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ 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 | | |

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, with all other like empowered.

**SIGNATURE:** _____ Marcus E. Drewa 4/26/99 904-798-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)