

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711535

1. Entity Name

METHODIST MEDICAL CENTER, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90195 047 \*\*\*\*61.25

Principal Place of Business

Mailing Address

580 WEST 8TH STREET  
 JACKSONVILLE FL 32209

580 WEST 8TH STREET  
 JACKSONVILLE FL 32209-6533

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1158241

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH HULSEY & BUSEY  
 225 WATER STREET  
 SUITE 1800  
 JACKSONVILLE FL 32202

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.

SIGNATURE

*Smith Hulsey & Busey P.A.*  
*Harry L. Watson*

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, RODELL F	
STREET ADDRESS	1159 WEST 9TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, GEORGE T.	
STREET ADDRESS	10626 WOODSDALE LANE, S.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	DONOVAN, THOMAS W.	
STREET ADDRESS	2700-C UNIVERSITY BLVD., W	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	HEMINGWAY, LEROY II	
STREET ADDRESS	619 CASSAT AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	BRANTLEY, LEWIS B	
STREET ADDRESS	4435 ORTEGA FARMS CIR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PAT	<input checked="" type="checkbox"/> Delete
NAME	DREWA, MARCUS E	
STREET ADDRESS	580 W 8TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	SEE Attached Exhibit A	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*Methodist Medical Center, Inc.*  
*Harry L. Watson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 904-549-3707

Date

Daytime Phone #

CR2E037 (9/99)

711535

Attachment

727554

2000 Uniform Business Report (UBR)  
Methodist Medical Center, Inc.  
Document #711535  
Exhibit A

**Title** C, D  Change  Addition  
**Name** J. Richard Gaintner, M.D.  
**Address** 1600 S.W. Archer Road  
**City-ST-Zip** Gainesville, Florida 32610

**Title** P, D  Change  Addition  
**Name** Robert G. Norton  
**Address** 655 West 8<sup>th</sup> Street  
**City-ST-Zip** Jacksonville, Florida 32209

**Title** V  Change  Addition  
**Name** Thomas D. Keith  
**Address** 655 West 8<sup>th</sup> Street  
**City-ST-Zip** Jacksonville, Florida 32209

**Title** V  Change  Addition  
**Name** Greg H. Gay  
**Address** 655 West 8<sup>th</sup> Street  
**City-ST-Zip** Jacksonville, Florida 32209

**Title** S  Change  Addition  
**Name** David Friedman  
**Address** 655 West 8<sup>th</sup> Street  
**City-ST-Zip** Jacksonville, Florida 32209

**Title** D  Change  Addition  
**Name** Kenneth I. Berns, M.D., Ph.D.  
**Address** 1600 S.W. Archer Road, Room H-102  
**City-ST-Zip** Gainesville, Florida 32610

**Title** D  Change  Addition  
**Name** Fred B. Bullard  
**Address** 2325 Ulmerton Road, Suite 20  
**City-ST-Zip** Ocala, Florida 34622-2253

**Title** D  Change  Addition  
**Name** Marshall M. Criser  
**Address** 50 N. Laura Street, Suite 3400  
**City-ST-Zip** Jacksonville, Florida 32202

711535

Attachment

727554

**Title** D  
**Name** Richard D. Danford  
**Address** 233 West Duval Street, 14<sup>th</sup> Floor  
**City-ST-Zip** Jacksonville, Florida 32202

Change  Addition

**Title** D  
**Name** William W. Gay  
**Address** 524 Stockton Street  
**City-ST-Zip** Jacksonville, Florida 32204

Change  Addition

**Title** D  
**Name** Allen L. Lastinger  
**Address** 1145 Campbell Avenue  
**City-ST-Zip** Jacksonville, Florida 32207

Change  Addition

**Title** D  
**Name** J. Sample Magee, M.D.  
**Address** 580 West 8<sup>th</sup> Street  
**City-ST-Zip** Jacksonville, Florida 32202

Change  Addition

**Title** D  
**Name** Harold S. O'Steen  
**Address** 759 Edgewood Avenue North  
**City-ST-Zip** Jacksonville, Florida 32205

Change  Addition

**Title** D  
**Name** Pamela Y. Paul  
**Address** 117 West Duval Street, Suite 400  
**City-ST-Zip** Jacksonville, Florida 32202

Change  Addition

**Title** D  
**Name** Carolyn Roberts  
**Address** 115 N.E. 8<sup>th</sup> Avenue  
**City-ST-Zip** Ocala, Florida 34470

Change  Addition

**Title** D  
**Name** Louis S. Russo, M.D.  
**Address** 653 West 8<sup>th</sup> Street  
**City-ST-Zip** Jacksonville, Florida 32209

Change  Addition

**Title** D  
**Name** L. Jerome Spates  
**Address** 4727 Lannie Road  
**City-ST-Zip** Jacksonville, Florida 32219

Change  Addition