

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711535

1. Entity Name

METHODIST MEDICAL CENTER, INC.

Principal Place of Business

580 WEST 8TH STREET  
JACKSONVILLE FL 32209

Mailing Address

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

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

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

|  |                           |  |
|--|---------------------------|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SEE Attached<br>Exhibit A | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

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

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

CR2E037 (9/99)

4/27/00 904-549-3707

711535

Attachment

727554

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

|                    |                            |  |
|--------------------|----------------------------|--|
| <b>Title</b>       | C, D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>Name</b>        | J. Richard Gaintner, M.D.  |  |
| <b>Address</b>     | 1600 S.W. Archer Road      |  |
| <b>City-ST-Zip</b> | Gainesville, Florida 32610 |  |

|                    |                                 |  |
|--------------------|---------------------------------|--|
| <b>Title</b>       | P, D                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>Name</b>        | Robert G. Norton                |  |
| <b>Address</b>     | 655 West 8 <sup>th</sup> Street |  |
| <b>City-ST-Zip</b> | Jacksonville, Florida 32209     |  |

|                    |                                 |  |
|--------------------|---------------------------------|--|
| <b>Title</b>       | V                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>Name</b>        | Thomas D. Keith                 |  |
| <b>Address</b>     | 655 West 8 <sup>th</sup> Street |  |
| <b>City-ST-Zip</b> | Jacksonville, Florida 32209     |  |

|                    |                                 |  |
|--------------------|---------------------------------|--|
| <b>Title</b>       | V                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>Name</b>        | Greg H. Gay                     |  |
| <b>Address</b>     | 655 West 8 <sup>th</sup> Street |  |
| <b>City-ST-Zip</b> | Jacksonville, Florida 32209     |  |

|                    |                                 |  |
|--------------------|---------------------------------|--|
| <b>Title</b>       | S                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>Name</b>        | David Friedman                  |  |
| <b>Address</b>     | 655 West 8 <sup>th</sup> Street |  |
| <b>City-ST-Zip</b> | Jacksonville, Florida 32209     |  |

|                    |                                   |  |
|--------------------|-----------------------------------|--|
| <b>Title</b>       | D                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>Name</b>        | Kenneth I. Berns, M.D., Ph.D.     |  |
| <b>Address</b>     | 1600 S.W. Archer Road, Room H-102 |  |
| <b>City-ST-Zip</b> | Gainesville, Florida 32610        |  |

|                    |                              |  |
|--------------------|------------------------------|--|
| <b>Title</b>       | D                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>Name</b>        | Fred B. Bullard              |  |
| <b>Address</b>     | 2325 Ulmerton Road, Suite 20 |  |
| <b>City-ST-Zip</b> | Ocala, Florida 34622-2253    |  |

|                    |                                |  |
|--------------------|--------------------------------|--|
| <b>Title</b>       | D                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>Name</b>        | Marshall M. Criser             |  |
| <b>Address</b>     | 50 N. Laura Street, Suite 3400 |  |
| <b>City-ST-Zip</b> | Jacksonville, Florida 32202    |  |

711535

A#achman

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