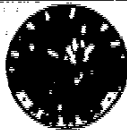


FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 APR 24 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **747363** (0)
1. Corporation Name
METHODIST REGIONAL HOSPITAL SYSTEM, INC.

Principal Place of Business Mailing Address
580 W EIGHTH ST JACKSONVILLE FL 32209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/24/1979** 3a. Date of Last Report **06/28/1994**
4. FEI Number **59-1913819** Applied For Not Applicable

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

5. Certificate of Status Desired \$6.75 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 \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HARRISON, PHILIP R.
580 WEST 8TH STREET
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ASTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, ROBERT E.	1.2 NAME	
STREET ADDRESS	580 W 8TH ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, PHILIP R	2.2 NAME	
STREET ADDRESS	580 W 8TH ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	==	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, KELLY S ==	3.2 NAME	
STREET ADDRESS	10840 MAKEMA DRIVE, WEST	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL ==	3.4 CITY - ST - ZIP	
TITLE	CPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCH, MONROE C	4.2 NAME	
STREET ADDRESS	3120 HENDRICKS AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	
TITLE	VCTD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTES, HENRY G JR	5.2 NAME	
STREET ADDRESS	4041 TIMUQUANA RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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: *Philip R. Harrison* 4/19/95 904/798-8350
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #
Philip R. Harrison