

5-13-97 B- 7138 -C
 FILE NOW: FILING FEE IS \$61.25

FILED
 May 13 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747363** (0)
 1. Corporation Name
METHODIST REGIONAL HOSPITAL SYSTEM, INC.

Principal Place of Business 580 W EIGHTH ST JACKSONVILLE FL 32209	Mailing Address 580 W EIGHTH ST JACKSONVILLE FL 32209-6533
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/24/1979	3a. Date of Last Report 04/24/1996
21	26	4. FEI Number 59-1913819	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
24	25	29	30

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 Marcus E. Drewa
82 Street Address (P.O. Box Number is Not Acceptable) 580 West Eighth Street
83
84 City Jacksonville
85 Zip Code FL 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  DATE **4/22/97**

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	HATCH, MONROE C	
STREET ADDRESS	3120 HENDRICKS AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VCTD	<input type="checkbox"/> DELETE
NAME	MOTES, HENRY G JR	
STREET ADDRESS	441 LAKESIDE DR. #1202	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHEATWOOD, JOHN D.	
STREET ADDRESS	1006 ALHAMBRA DR. S.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

CP2E037 (9/96)