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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 771078

1. Corporation Name

METHODIST HEALTH SYSTEM, INC.

Principal Place of Business

580 WEST EIGHTH STREET  
JACKSONVILLE FL 32209

Mailing Address

580 WEST EIGHTH STREET  
JACKSONVILLE FL 32209



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

11/03/1983

4. FEI Number

59-2346978

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Elector Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DREWA, MARCUS E.  
580 WEST 8TH STREET  
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PAST	DREWA, MARCUS E.	580 W 8TH ST	JACKSONVILLE FL	<input type="checkbox"/>
SD	MILLER, GEORGE T.	10626 WOODSDALE LN S	JACKSONVILLE FL	<input type="checkbox"/>
CD	GAY, W. W. (CHMN)	524 STOCKTON ST.	JACKSONVILLE FL	<input type="checkbox"/>
DT	DONOVAN, THOMAS W.	2700-C UNIVERSITY BLVD., W	JACKSONVILLE FL	<input type="checkbox"/>
D	HEMINGWAY, LEROY II	619 CASSAT AVE	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 2 or Block 13 if changed, or on an attachment with an address, with or without 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 (1/98)