

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90071 044 ****61.25

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.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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. Election 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
PAST
DREWA, MARCUS E.
580 W 8TH ST
JACKSONVILLE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MILLER, GEORGE T.
10626 WOODSDALE LN S
JACKSONVILLE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
GAY, W. W. (CHMN)
524 STOCKTON ST.
JACKSONVILLE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
DONOVAN, THOMAS W.
2700-C UNIVERSITY BLVD., W
JACKSONVILLE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HEMINGWAY, LEROY II
619 CASSAT AVE
JACKSONVILLE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

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)