

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 771078

1. Entity Name

METHODIST HEALTH SYSTEM, INC.

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

05-08-2000 90195 048 \*\*\*\*61.25

Principal Place of Business

Mailing Address

580 WEST EIGHTH STREET  
 JACKSONVILLE FL 32209  
 US

~~580 WEST EIGHTH STREET~~  
~~JACKSONVILLE FL 32209-6533~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

655 West 8th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Kelly Rigdon, Admin.

City & State

Jacksonville, FL

4. FEI Number

59-2346978

Applied For

Not Applicable

Zip

Country

32209

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

*Smith Hulsey, Busey, P.A.*  
*Harry L. Watson, V.P.*

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

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEE ATTACHED EXHIBIT A	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Harry L. Watson, V.P.*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/00 904-549-3707

CFR2037 (9/99)

771078

Attachment

727553

<b>Title</b>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	Richard D. Danford	
<b>Address</b>	233 West Duval Street, 14 <sup>th</sup> Floor	
<b>City-ST-Zip</b>	Jacksonville, Florida 32202	
<b>Title</b>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	William W. Gay	
<b>Address</b>	524 Stockton Street	
<b>City-ST-Zip</b>	Jacksonville, Florida 32204	
<b>Title</b>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	Allen L. Lastinger	
<b>Address</b>	1145 Campbell Avenue	
<b>City-ST-Zip</b>	Jacksonville, Florida 32207	
<b>Title</b>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	J. Sample Magee, M.D.	
<b>Address</b>	580 West 8 <sup>th</sup> Street	
<b>City-ST-Zip</b>	Jacksonville, Florida 32202	
<b>Title</b>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	Harold S. O'Steen	
<b>Address</b>	759 Edgewood Avenue North	
<b>City-ST-Zip</b>	Jacksonville, Florida 32205	
<b>Title</b>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	Pamela Y. Paul	
<b>Address</b>	117 West Duval Street, Suite 400	
<b>City-ST-Zip</b>	Jacksonville, Florida 32202	
<b>Title</b>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	Carolyn Roberts	
<b>Address</b>	115 N.E. 8 <sup>th</sup> Avenue	
<b>City-ST-Zip</b>	Ocala, Florida 34470	
<b>Title</b>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	Louis S. Russo, M.D.	
<b>Address</b>	653 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>	L. Jerome Spates	
<b>Address</b>	4727 Lannie Road	
<b>City-ST-Zip</b>	Jacksonville, Florida 32219	

771078

Attachment

721553

2000 Uniform Business Report (UBR)  
Methodist Health System, Inc.  
Document #771078  
Exhibit A

**Title** C, D  Change  Addition  
**Name** J. Richard Gaintner, M.D.  
**Address** 1600 S.W. Archer Road  
**City-ST-Zip** Gainesville, Florida 32610

**Title** P, D  Change  Addition  
**Name** Robert G. Norton  
**Address** 655 West 8<sup>th</sup> Street  
**City-ST-Zip** Jacksonville, Florida 32209

**Title** V  Change  Addition  
**Name** Thomas D. Keith  
**Address** 655 West 8<sup>th</sup> Street  
**City-ST-Zip** Jacksonville, Florida 32209

**Title** V  Change  Addition  
**Name** Greg H. Gay  
**Address** 655 West 8<sup>th</sup> Street  
**City-ST-Zip** Jacksonville, Florida 32209

**Title** S  Change  Addition  
**Name** David Friedman  
**Address** 655 West 8<sup>th</sup> Street  
**City-ST-Zip** Jacksonville, Florida 32209

**Title** D  Change  Addition  
**Name** Kenneth I. Berns, M.D., Ph.D.  
**Address** 1600 S.W. Archer Road, Room H-102  
**City-ST-Zip** Gainesville, Florida 32610

**Title** D  Change  Addition  
**Name** Fred B. Bullard  
**Address** 2325 Ulmerton Road, Suite 20  
**City-ST-Zip** Ocala, Florida 34622-2253

**Title** D  Change  Addition  
**Name** Marshall M. Criser  
**Address** 50 N. Laura Street, Suite 3400  
**City-ST-Zip** Jacksonville, Florida 32202