

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 580 WEST EIGHTH STREET JACKSONVILLE FL 32209 US	Mailing Address 580 WEST EIGHTH STREET JACKSONVILLE FL 32209-6533 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 655 West 8th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. Attn: Kelly Rigdon, Admin.
City & State	City & State Jacksonville, FL
Zip	Country
32209	USA

4. FEI Number 59-2346978	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
 225 WATER STREET
 SUITE 1800
 JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SEE ATTACHED EXHIBIT A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, Jr.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/2/00 Daytime Phone #: 904-549-3707

CFR2037 (9/99)

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Attachment

727553

Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Richard D. Danford	
Address	233 West Duval Street, 14 th Floor	
City-ST-Zip	Jacksonville, Florida 32202	
Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	William W. Gay	
Address	524 Stockton Street	
City-ST-Zip	Jacksonville, Florida 32204	
Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Allen L. Lastinger	
Address	1145 Campbell Avenue	
City-ST-Zip	Jacksonville, Florida 32207	
Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	J. Sample Magee, M.D.	
Address	580 West 8 th Street	
City-ST-Zip	Jacksonville, Florida 32202	
Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Harold S. O'Steen	
Address	759 Edgewood Avenue North	
City-ST-Zip	Jacksonville, Florida 32205	
Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Pamela Y. Paul	
Address	117 West Duval Street, Suite 400	
City-ST-Zip	Jacksonville, Florida 32202	
Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Carolyn Roberts	
Address	115 N.E. 8 th Avenue	
City-ST-Zip	Ocala, Florida 34470	
Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Louis S. Russo, M.D.	
Address	653 West 8 th Street	
City-ST-Zip	Jacksonville, Florida 32209	
Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	L. Jerome Spates	
Address	4727 Lannie Road	
City-ST-Zip	Jacksonville, Florida 32219	

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Attachment

727553

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 8th Street
City-ST-Zip Jacksonville, Florida 32209

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

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

Title S Change Addition
Name David Friedman
Address 655 West 8th 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