

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N10635** (3)

1. Corporation Name
METHODIST HEALTH CARE SYSTEM, INC.



Principal Place of Business Mailing Address
MARCUS E. DREWA
580 WEST EIGHT STREET
JACKSONVILLE FL 32209

3. Date Incorporated or Qualified **08/09/1985** 3a. Date of Last Report **04/24/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2892221	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country	24	25
29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DREWA, MARCUS E.
580 WEST EIGHTH STREET
JACKSONVILLE FL 32209

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY, W.W.	12 NAME	
STREET ADDRESS	580 WEST EIGHTH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	PVAD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREWA, MARCUS E.	22 NAME	
STREET ADDRESS	580 WEST EIGHTH ST.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOVAN, THOMAS W.	32 NAME	
STREET ADDRESS	2700-C UNIVERSITY BLVD., W	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GEORGE T.	42 NAME	
STREET ADDRESS	580 WEST EIGHTH ST.	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMINGWAY, LEROY II	52 NAME	
STREET ADDRESS	619 CASSAT AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCH, MONROE C.	62 NAME	
STREET ADDRESS	580 WEST EIGHTH ST.	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marcus E. Drewa

4/19/96

904/798-8200

Date

Daytime Phone #

CR2E037 (12/95)