

FILE NOW: FILING FEE IS \$61.25

FILED
May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10635 (3)
 1. Corporation Name
METHODIST HEALTH CARE SYSTEM, INC.

Principal Place of Business MARCUS E. DREWA 580 W 8TH ST JACKSONVILLE, FL 32209	Mailing Address MARCUS E. DREWA 580 W 8TH ST JACKSONVILLE, FL 32209
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3. Date Incorporated or Qualified
08/09/1985

4. FEI Number 59-2892221	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
DREWA, MARCUS E.
580 W 8TH ST.
JACKSONVILLE, FL 32209

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	GAY, W. W.	
STREET ADDRESS	580 WEST EIGHTH ST.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	PVAD	<input type="checkbox"/> DELETE
NAME	DREWA, MARCUS E.	
STREET ADDRESS	580 WEST EIGHTH ST.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	DONOVAN, THOMAS W.	
STREET ADDRESS	2700-C UNIVERSITY BLVD, W.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MILLER, GEORGE T.	
STREET ADDRESS	580 WEST EIGHTH ST.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	D	<input 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marcus E. Drewa* **Marcus E. Drewa** 4/20/98 904-798-8200