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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N10635

1. Corporation Name

METHODIST HEALTH CARE SYSTEM, INC.

Principal Place of Business

%MARCUS E. DREWA
580 WEST EIGHT STREET
JACKSONVILLE FL 32209

Mailing Address

%MARCUS E. DREWA
580 WEST EIGHT STREET
JACKSONVILLE FL 32209



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

08/09/1985

4. FEI Number

59-2892221

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 EIGHTH 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

[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)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SD
GAY, W.W.
STREET ADDRESS 580 WEST EIGHTH ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME PVD
DREWA, MARCUS E.
STREET ADDRESS 580 WEST EIGHTH ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME CD
DONOVAN, THOMAS W.
STREET ADDRESS 2700-C UNIVERSITY BLVD., W
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME TD
MILLER, GEORGE T.
STREET ADDRESS 580 WEST EIGHTH ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 12 or Block 13 if changed, or on an attachment with an address, with a I other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Marcus E. Drewa 4/26/99

904-798-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)