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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90075 038 ****61.25

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



21	2. Principal Place of Business	2a	2a. Mailing Address	3.	Date Incorporated or Qualified	
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4.	FEI Number	Applied For
22	City & State	27	City & State		59-2892221	Not Applicable
23	Zip	28	Zip	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Country	29	Country		<input type="checkbox"/>	
24		30		6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	

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
				Jacksonville			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 DATE: 4/26/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY, W.W.	1.2 NAME	
STREET ADDRESS	580 WEST EIGHTH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	PVAD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREWA, MARCUS E.	2.2 NAME	
STREET ADDRESS	580 WEST EIGHTH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOVAN, THOMAS W.	3.2 NAME	
STREET ADDRESS	2700-C UNIVERSITY BLVD., W	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GEORGE T.	4.2 NAME	
STREET ADDRESS	580 WEST EIGHTH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMINGWAY, LEROY II	5.2 NAME	
STREET ADDRESS	619 CASSAT AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* SIGNATURE REQUIRED: Marcus E. Drewa 4/26/99 904-798-8200

CR2E037 (11/98)