

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90053 047 \*\*\*\*61.25

**DOCUMENT # N10635**

1. Entity Name:

**METHODIST HEALTH CARE SYSTEM, INC.**

Principal Place of Business

Mailing Address

**580 WEST 8TH STREET  
 JACKSONVILLE FL 32209**

~~580 WEST 8TH STREET  
 JACKSONVILLE FL 32209-6533~~

2. Principal Place of Business

3. Mailing Address  
**655 West 8th Street +**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Attn: Kelly Rigdon**

City & State

City & State  
**Jacksonville, FL**

Zip

Country

Zip  
**32209**

Country

**USA**

4. FEI Number

**59-2892221**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

*Smith Hulsey Bussey P.A.  
 Harry L. Winton v.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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GAY, W.W. 580 WEST EIGHTH ST. JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVAD DREWA, MARCUS E. 580 WEST EIGHTH ST. JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD DONOVAN, THOMAS W. 2700-C UNIVERSITY BLVD., W JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MILLER, GEORGE T. 580 WEST EIGHTH ST. JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HEMINGWAY, LEROY II 619 CASSAT AVE. JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C.P.D Robert G. Norton 655 West 8th Street Jacksonville, FL 32209</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Greg Gay 655 West 8th Street + Jacksonville, FL 32209</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD David Friedman 655 West 8th Street Jacksonville FL 32209</b>	<input type="checkbox"/> Change <input checked="" 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. Winton v.P.*

4/27/00

904-549-3707

CR2E037 (9/99)