


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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	Mailing Address
MARCUS E. DREWA 580 WEST EIGHT STREET JACKSONVILLE FL 32209	MARCUS E. DREWA 580 WEST EIGHT STREET JACKSONVILLE FL 32209-6533

3. Date Incorporated or Qualified **08/09/1985** 3a. Date of Last Report **04/24/1996**

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

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCH, MONROE C.	6.2 NAME	
STREET ADDRESS	580 WEST EIGHTH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I do 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 as an attachment with an address.

SIGNATURE: _____ 4/22/97 904-798-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0006171

CR2E037 (9/96)

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NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000004765 (4)

1. Corporation Name

GULF COAST IPA, INC.



Principal Place of Business

Mailing Address

PALMS OF PASADENA HOSPITAL
1501 PASADENA AVE. SOUTH
ST. PETERSBURG FL 33707

6860 GULFPORT BLVD S. #349
ST PETERSBURG FL 33707-2108
US

3. Date Incorporated or Qualified
10/19/1993

3a. Date of Last Report
06/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-3215877

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLEMAN, IRA J
MCDERMOTT WILL & EMERY
201 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

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 DT ☐ DELETE
NAME ARTERBURN, J G
STREET ADDRESS 1609 S PASADENA AVE #4M
CITY-ST-ZIP ST. PETERSBURG FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D
1.3 STREET ADDRESS SEGAL, SAMUEL J.
1.4 CITY-ST-ZIP 8201-46TH AVE N.
ST. PETERSBURG, FL 33709

TITLE D ☐ DELETE
NAME GARCIA, WAYNE J
STREET ADDRESS 3663 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME MOORE, CARL
STREET ADDRESS 1609 PASADENA AVE SO #4C
CITY-ST-ZIP ST PETE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ROSENBERG, STANLEY
STREET ADDRESS 1501 PASADENA AVE. SO.
CITY-ST-ZIP ST PETE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME NOWAKOWSKI, KEVIN J
STREET ADDRESS 1609 PASADENA AVE. SOUTH, SUITE 4G
CITY-ST-ZIP ST. PETERSBURG FL 33707

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PRAZAK, RICHARD A
STREET ADDRESS 1609 PASADENA AVE. SOUTH, SUITE 4N
CITY-ST-ZIP ST. PETERSBURG FL 33707

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 000-0000

CR2E037 (9/96)

(813) 347-1249