FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

May 13 1997 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

1997

JACKSONVILLE FL

N10635

DOCUMENT #

1. Corporation Name

(3)	
, ,	

METHODIST HEALTH CARE SYSTEM, INC.										
Principal Plac	e of Business	Mailing Address			···········	(INDINIDI DAI MARI BEARD BAICO RIDA I	TATA BIRIN BIR	KIL BANDI BIDIR BIL	144 0 1011 1401	
MMARCUS E. DREWA 580 WEST EIGHT STREET JACKSONVILLE FL 32209 580 WEST EIGHT STREET JACKSONVILLE FL 32209-6533			33			Date Incorporated or Qualified 3a. Date of Last Rep				
						08/09/1985		04/24/199		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 59-2892221			oplied For	
21	4 ato	Suite, Apt. #, etc.				08-2082221			ot Applicable	
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.				5. Certificate of Status Desired	X		Additional equired	
City & Stat	0	City & State				6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zip	Count	try		8. This corporation has liability for			. 199.032,	
24	25	29	30			Florida Statutes 10. Name and Address of New Re	Yes			
	9. Name and Address of Curren	t Hegistered Agent	la	31	Name	10. Name and Address of New H	Gistered	Agent		
DOCAZA	MADONO E		L							
	Marcus E. St eighth street		Įŧ	32	Street Addres	ss (P.O. Box Number is Not Accepta	ble)			
	NVILLE FL 32209		ē	3			,			
UNDITUU	TARLE I E OFFICE			34	City			lee Zio	Code	
			"	"	City		FL	- 85 Zip	Code	
office or r agent. La	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the obliga	ations of, Section 617.0503, Flo	orida Statut	tes.				pointment as	registered	
12,	Signature, typoid or printed name of registered age OFFICERS AN		E: Registered A	Apeni	algnature required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AN	D DIRECTOR	S IN 12	
TITLE	\$0	DELETE	1.1 7/11	E		ADDITIONO/OTTANGED TO OFF	OLITO AIT	Change	Addition	
NAME	GAY, W.W.	_	1.2 NAM	Æ					_	
STREET ADDRESS	580 WEST EIGHTH ST.		1.3 STRE	EET AL	DORESS					
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CiTy	r-\$1-	ZIP					
TITLE	PVAD	☐ DELEYE	2.1 TITL	E				Change	Addition	
NAME	DREWA, MARCUS E.		2.2 NAM	AE.	ļ					
STREET ADDRESS	580 WEST EIGHTH ST.		2.3 STAI							
CITY-ST-ZIP	JACKSONVILLE FL	DELETE	2. 4 CIT		- ZIP			Change	Addition	
TITLE NAME	CD DONOVAN, THOMAS W.	C OLLEIL	3.1 TITU 3.2 NAM					CI Change	C Maddinin	
STREET ADDRESS	2700-C UNIVERSITY BLVD., W	•	3.3 STR		DORESS				ĺ	
CITY-ST-ZIP	JACKSONVILLE FL		3.4. D/T							
TITLE	TD	☐ DELETE	4.1 TiTL	**********			****	Change	Addition	
NAME	MILLER, GEORGE T.		4. 2 NA	ME	1				'	
STREET ADDRESS	580 WEST EIGHTH ST.		4.3 STR	EET AI	DDRESS					
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY		ZIP					
TITLE	D	☐ DELETE	5.1 TITU		1			Change	Addition	
NAME	HEMINGWAY, LEROY II		5.2 NAM							
STREET ADDRESS	619 CASSAT AVE.		5.3 STRE		\					
CITY-ST-ZIP TITLE	JACKSONVILLE FL D	X DELETE	5.4 CITY 6.1 TITL		ZIP	······································		Change	Addition	
NAME	HATCH, MONROE C.	em bettip	6.2 NAM		ĺ					
STREET ADDRESS	580 WEST EIGHTH ST.		6.3 STR		DORESS					
STILL NOW LOS			247.514.0							

SIGNATURE: 4/22/97 904-798-8200 Daytime Phone #0005171

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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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, open an attachment with an oddress.

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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9300004765 (4)

DOCU 1. Corporatio	MENT # N93000	004765 (4)	4			-		
GULF (COAST IPA, INC.					a lindritten den esten beloe daten daben dabet dabet an	(61 41 31) 4746 188		
Principal Plac	e of Business	Mailing Address			•	}	. 163 A.M. 161 M. 161 B. 1	# WICOL WISE 1881	
PALMS OF PASADENA HOSPITAL 6860 GULFPORT BLVD S. #34 1501 PASADENA AVE. SOUTH ST PETERSBRUG FL 33707-21				•					
ST. PETERSBUR		US				Date Incorporated or Qualified 3s	. Date of Last	Papart	٦
						10/19/1993	06/19/1	996	
2. Principal F	Place of Business	2a, Mailing Address 26				4. FEI Number 59-3215877		Applied For Not Applicable	.]
Suite, Apt.	#, etc.	Suite, Apt. #, etc				5. Certificate of Status Desired		Additional	7
22	······	27				5. Certificate of Status Desired		Required	_
City & Stat	10	City & State				6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees	
Zıp	Country	Zip	Cou	intry		8. This corporation has liability for intang			1
24	25	29					No No	. 	_
	9. Name and Address of Current F	tegistered Agent	,	81 Name		10. Name and Address of New Registe	red Agent		-
COLEMA	AN, IRA J								
	MOTT WILL & EMERY			82 Street	Addre	ss (P.O. Box Number is Not Acceptable)			
	JTH BISCAYNE BLVD.			83			·····		1
MIAMI FI	L 33131		:	84 City			85 Zi	p Code	-
							FL '	-	
11. Pursuant office or i	to the provisions of Sections 617,0502 a registered agent, or both, in the State of	and 617.1508, Florida S Florida, Such change i	tatutes, the a vas authorize	bove-named d by the co	l corpo poratio	wation submits this statement for the purpo on's board of directors. I hereby accept the	se of changing appointment (its registered as registered	
	am familiar with, and accept the obligation	ons of, Section 617.050	3, Florida Stat	lutes.					
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registere	d Agent signatur	e required	d when reinstating) DA	ίΤΕ		
12.	OFFICERS AND I		13.			ADDITIONS/CHANGES TO OFFICERS]8
TITLE	DT	L DELETI			P	CAL CALLER T	L. Change	e Addition	CR2Fn37 (9/96)
NAME	ARTERBURN, J G		1.2 N		36	EGAL, SAMUEL J. 201- 46TH AVE PETERSBURG, FL	. 1		[2
STREET ADDRESS	1609 S PASADENA AVE #4M		1.3 ST 1.4 CF		2	201- 46TH AVE	N.	_	١Ķ
CHTY-ST-ZIP THILE	ST. PETERSBURG FL	DELET		TY-ST-ZIP	37	PETERSBURG, FL	3370°		-18
NAME	GARCIA, WAYNE J	L. J Vecen	2.1 II					, Li vodition	
STREET ADORESS	3663 CENTRAL AVE.			TREET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL		1	iteet kooness ity-st-zip	1				
TATLE	DP	DELET			 		Change	e Addition	1
NAME	MOORE, CARL		3.2 N	AME					
STREET ADDRESS	1609 PASADENA AVE SO #4C		3.3.5	TREET ADDRESS	1				
CITY-ST-ZIP	ST PETE FL	•		ITY-ST-ZIP					
1471.6	D	☐ DELETI					Change	Addition	1
NAME	ROSENBERG, STANLEY		4.2 N	IAME	1				
STREET ADDRESS	1501 PASADENA AVE. SO.		4.3 \$	TREET ADDRESS					
CITY-ST-ZIP	ST PETE FL		4.4 C	TY-SY-ZIP	<u> </u>				
TITLE	D	DELET					☐ Change	e 🗌 Addition	
NAME	NOWAKOWSKI, KEVIN J		5.2 N	AME				•	
STREET ADDRESS	1609 PASADENA AVE. SOUTH,	SUITE 4G		freet address			•		
CITY-ST-ZIP	ST. PETERSBURG FL 33707	T Locust		TY-ST-ZIP	ļ			4 3 3 12	4
TITLE	D DATAK DICHADD A	DELET					Change	e	
NAME OLOSET ADODESOS	PRAZAK, RICHARD A	CHITE AN	6.2 N	· ·				٠.	
STREET ADORESS	1609 PASADENA AVE. SOUTH,	OUTE 4II		TREET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL 33707		6.4 C	TY-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