


FILED
Jun 14, 2007 8:00 am
Secretary of State

5/11

05-11-2007 90035 034 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000157273 1. Entity Name PAVILION HEALTH SERVICES OF CLAY, INC.		
Principal Place of Business 1325 SAN MARCO BOULEVARD, 902 JACKSONVILLE, FL 32207		Mailing Address 1325 SAN MARCO BOULEVARD, 902 JACKSONVILLE, FL 32207
2. Principal Place of Business - No P.O. Box # 1325 SAN MARCO BLVD	3. Mailing Address 1325 SAN MARCO BLVD	
Suite, Apt. #, etc. 902	Suite, Apt. #, etc. 902	
City & State JACKSONVILLE FL	City & State JACKSONVILLE FL	
Zip 32207	Zip 32207	Country
4. FEI Number 03-0612468		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIA 225 WATER STREET, SUITE 1800 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	DP Greene, A. Hugh 1325 San Marco Blvd., #902 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	DV Wilbanks, John F. 1325 San Marco Blvd., #902 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	DVT Lukaszewski, Michael 1325 San Marco Blvd., #902 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	S Granger, Harvey 1325 San Marco Blvd., #902 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: <u>Harvey S. Granger</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/30/07</u> <u>904-202-5010</u> <small>Date Daytime Phone #</small>

66019086



04182007 Chg-P CR2E034 (12/06)



ATTACHMENT

66019086

#P06000157273

PAVILION HEALTH SERVICES OF CLAY, INC.

June 12, 2007

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Reference Number: P06000157273

To Whom It May Concern:

I am submitting the requested information for Pavilion Health Services of Clay, Inc. The letter was received by me on June 12, 2007. It was not delivered to us in a timely manner due to there being no suite number on the mailing. I have added the suite number and the FEI to the annual report filing information. If you have any questions or need any additional information, please contact Missy Poston at 904-202-5010 or me at 904-202-5023.

Thank you,

Rick Toney
Accounting Manager