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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

P95000062680 (0)

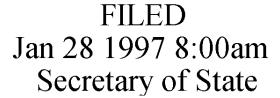
CLAY MEDICAL CENTER, INC.

Principal Place of Business

Mailing Address

9765 SAN JOSE BLVD. JACKSONVILLE FL 32257

9765 SAN JOSE BLVD. JACKSONVILLE FL 32257-5498





					3. Date Incorporated or Qualified 38. Date of Last Report 06/11/1995 05/01/1996										
2. Principal F	lace of Business	2a. Mailing Address	~/ <i>C</i>		4. FEI Number	1 0/01/109	Applied For								
21 1543	KINGSLEY AUF.	26 PO BOX	815		59-3338135		Not Applicable								
Suite Apt. #, etc.  22 BL G 16 27					5. Certificate of Status Desired \$8.75 Additional Fee Required										
23 OCANGE PACK, FL 28 CHANGE PAC				FL	Election Campaign Financing     Trust Fund Contribution		00 May Be ad to Fees								
4 <b>3</b> 26	73 25 USA		Country 30	SA	8. This corporation has liability for in Florida Statutes	ntangible tax unde Yes  No	rs. 199.032,								
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent									
OCALA FL 34476				81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83											
											03				
											84	City		85 Zi	ip Code
11. Pursuant	In the provisions of Sections 607 0502	and 607 1508. Florida Statute	s the above	a-named core	poration submits this statement for the p	FL 65 2	a Ito ropinto-od								
office or r	reg stered agent, or both, in the State c am familiar with, and accept the obligat	of Florida. Such change was au	uthorized by	the corporat	ion's board of directors. I hereby accep	t the appointment	as registered								
SIGNATURE	Signature, typied or printed name of regist evol agent	ALORE THE CONTRACT THE PROPERTY OF THE PROPERT	Desirtured Acc		red when reinstating)	DATE									
12.	OFFICERS AND		13.	ni signatore requi	ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECTI	OBS IN 12								
TITLE	P	DELETE	1.1 TITLE	· 1 ·		Chang									
NAME	POLLAK, SANFORD Z		1.2 NAME												
STREET ADDRESS	9765 SAN JOSE BLVD.		1.3 STREET	ADDRESS											
CiTY - ST- ZIP	JACKSONVILLE FL 32257		1.4 CITY-S	T-ZIP	•										
TI*LE	ST	DELETE	2.1 TITLE		(300,000)	Chang	e 🔲 Additio								
NAME	HACKETT, DARRELL R		2.2 NAME												
STREET ADERESS	603 KETTNER COURT		2.3 STREET	ADDRESS											
C+1Y - \$1 - ZIP	ST. AUGUSTINE FL 32086		2. 4 CITY - 5	1-ZIP	we e	J. 1									
TIFLE	☐ DEFELE		3.1 TITLE			Chang	e 🔲 Addition								
NAME			3.2 NAME												
STREET ADDRESS			3.3 STREET	ADDRESS											
City - St - ZIP			3.4 CITY-5	T-ZIP											
"Ilti		L] DELETE	4.1 TITLE			Change	e Addition								
MAM≟			4. 2 NAME												
STREET ADDRESS			4.3 STREET												
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TILE		☐ DELETE	5.1 TITLE			L Change	e Addition								
NAME OTDELT MIGRES			5.2 NAME												
STREET ADDRESS	1		5.3 STREET												
CITY - ST - ZIF! TIFLE		DELETE	5 4 CITY - S	1 - ZIP		Change	A ANABEA.								
NAME			6.1 TITLE			L change	e L Addition								
HEIV C			6 2 NAME												
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STREET ADDRESS CHTY+ST+ZIP			63 STREET 64 CITY-S				*								

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 607, Florida Statutes; and that my name appears in Block 12 of Block 13 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-97

904-278-2628

Daytime Prione (