

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90195 005 ***150.00

DOCUMENT # P95000062680

1. Entity Name

CLAY MEDICAL CENTER, INC.

Principal Place of Business

Mailing Address

**1543 KINGSLEY AVE.
 BLDG. 16
 ORANGE PARK FL 32073
 US**

**P.O BOX 815
 ORANGE PARK FL 32067-0815
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3338135**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CARRASCAL, IRIS
 2480 SW 87TH PLACE ROAD
 OCALA FL 34476**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P**
POLLAK, SANFORD Z
 STREET ADDRESS **9765 SAN JOSE BLVD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

Change Addition
 TITLE
 NAME **Pollak, Sanford Z.**
 STREET ADDRESS **4131 S. University Blvd., #11**
 CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE Delete
 NAME **ST**
HACKETT, DARRELL R
 STREET ADDRESS **603 KETTNER COURT**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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Change Addition
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 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Darrell R Hackett
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DARRELL R HACKETT

1-25-00
 Date

1-904 278-2428
 Daytime Phone #

CR2E034 (9/99)