

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000062680

FILED
Feb 16, 2005
Secretary of State

Entity Name: CLAY MEDICAL CENTER, PA

Current Principal Place of Business:

1543 KINGSLEY AVE.
ORANGE PARK, FL 32073 US

New Principal Place of Business:

Current Mailing Address:

1543 KINGSLEY AVE.
ORANGE PARK, FL 32073 US

New Mailing Address:

1409 EAST SILVER SPRINGS BLVD.
C/O MUSCLE SKELETAL PAIN CENTER
OCALA, FL 34470 US

FEI Number: 59-3338135 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: POLLAK, SANFORD Z
Address: 4131 UNIVERSITY BLVD., BLDG. 16
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANFORD POLLAK

PST

02/16/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date