

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767267

Entity Name: JAY HOSPITAL, INC.

Current Principal Place of Business:

14114 ALABAMA STREET
JAY, FL 32565

FILED
Apr 26, 2016
Secretary of State
CC2591424717

Current Mailing Address:

1717 NORTH E ST
STE. 320 ATTN: MARY MATHEWS
PENSACOLA, FL 32501 US

FEI Number: 59-2425149

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALLAHAN, ELIZABETH
1717 NORTH E ST.
STE. 320
PENSACOLA, FL 32501 US

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

Officer/Director Detail :

Title C
Name JACKSON, RONALD E
Address 900 N 12TH AVE.
City-State-Zip: PENSACOLA FL 32501

Title VC
Name JERNIGAN, KIM DR.
Address 3298 SUMMIT BLVD.
City-State-Zip: PENSACOLA FL 32503

Title SECRETARY
Name SMITH, RICKY W.
Address 3834 HWY. 4
City-State-Zip: JAY FL 32565

Title PRESIDENT
Name RAYNES, SCOTT
Address 1717 NORTH E ST.
STE. 320
City-State-Zip: PENSACOLA FL 32501

Title ASST. SECRETARY
Name MATHEWS, MARY
Address 1717 NORTH E ST.
STE. 320
City-State-Zip: PENSACOLA FL 32501

Title TREASURER
Name MAZENKO, MICHAEL
Address 721 PENSACOLA BEACH BLVD.
UNIT 1602
City-State-Zip: PENSACOLA BEACH FL 32561

Title CEO
Name FAULKNER, MARK T.
Address 1717 NORTH E ST.
STE. 320
City-State-Zip: PENSACOLA FL 32501

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY MATHEWS

AS

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date