2022 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 05, 2022 Secretary of State 6175869419CC

Current Mailing Address:

1717 NORTH E ST

STE. 320 ATTN: ELIZABETH CALLAHAN

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.

Address

Address

Name

SIGNATURE:

Electronic Signature of Registered Agent

Date

SECRETARY

CALLAHAN

CALLAHAN

PRESIDENT

SMITH, RICKY W.

1717 NORTH E ST

1717 NORTH E ST

STE. 320 ATTN: ELIZABETH

STE. 320 ATTN: ELIZABETH

Officer/Director Detail:

Title Title Name JACKSON, RONALD E Name

Address 1717 NORTH E ST

STE. 320 ATTN: ELIZABETH

CALLAHAN

PENSACOLA FL 32501 City-State-Zip: PENSACOLA FL 32501 City-State-Zip:

Title ASST. SECRETARY Title **TREASURER**

Name CALLAHAN, ELIZABETH Name MAZENKO, MICHAEL

Address 1717 NORTH E ST

STE. 320 ATTN: ELIZABETH

CALLAHAN

City-State-Zip: PENSACOLA FL 32501 City-State-Zip: PENSACOLA FL 32501

Title OTHER Title OTHER

HUTCHINS, MIKE Name Name MULLINS, JAN

Address 1717 NORTH E ST Address 1717 NORTH E ST

> STE. 320 ATTN: JAN MULLINS STE. 320 ATTN: ELIZABETH **CALLAHAN** City-State-Zip: PENSACOLA FL 32501

PENSACOLA FL 32501 City-State-Zip:

Address

Title Title VC

FAULKNER, MARK CARDONA, KARA Name

Address 1717 N F ST.

> 1717 NORTH E ST SUITE 320 ATTN: ELIZABETH

STE. 320 ATTN: ELIZABETH CALLAHAN

CALLAHAN City-State-Zip: PENSACOLA FL 32501 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.

EXEC ASST 04/05/2022 SIGNATURE: JAN MULLINS