

**2013 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

**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 HICKS, LARRY K  
Address 316 S. BAYLEN ST., STE. 300  
City-State-Zip: PENSACOLA FL 32502

Title ST  
Name STOPP, MARGARET  
Address 220 W. GARDEN ST.  
City-State-Zip: PENSACOLA FL 32502

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

Title MGR  
Name WILDEBRANDT, DAVID  
Address 1000 W. MORENO ST.  
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

*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

04/26/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date