# SIGNATURE: G. SCOTT BAITY

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N0500007975

Entity Name: BAPTIST MEDICAL CENTER OF CLAY, INC.

#### **Current Principal Place of Business:**

841 PRUDENTIAL DRIVE SUITE 1802 JACKSONVILLE, FL 32207

#### **Current Mailing Address:**

841 PRUDENTIAL DRIVE SUITE 1802 JACKSONVILLE, FL 32207

#### FEI Number: 75-3198121

#### Name and Address of Current Registered Agent:

BAITY, G. SCOTT ESQ. 841 PRUDENTIAL DRIVE SUITE 1802 JACKSONVILLE, FL 32207 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: G. SCOTT BAITY				04/22/2022
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	VP	Title	DIRECTOR, CHAIRMAN	
Name	ROARK, DARIN	Name	PASS DURHAM, DEB	
Address	1747 BAPTIST CLAY DRIVE	Address	1747 BAPTIST CLAY DRIVE	
City-State-Zip:	FLEMING ISLAND FL 32003	City-State-Zip:	FLEMING ISLAND FL 32003	
Title	ASST. SECRETARY	Title	ASST. TREASURER	
Name	BAITY, G. SCOTT	Name	FINNEGAN, SCOTT	
Address	841 PRUDENTIAL DRIVE, SUITE 1802	Address	841 PRUDENTIAL DRIVE SUITE 1602	
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:		
Title	PRESIDENT			
Name	MAYO, MICHAEL A.			
Address	841 PRUDENTIAL DRIVE SUITE 1601			
City-State-Zip:	JACKSONVILLE FL 32207			

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

ASSISTANT SECRETARY 04/22/2022

FILED Apr 22, 2022 Secretary of State 8033803415CC

Certificate of Status Desired: No

Date