## 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: G. SCOTT BAITY SECRETARY

Title	DP	Title	DV
Name	MAYO, MICHAEL A.	Name	ZUINO, MATTHEW A.
Address	841 PRUDENTIAL DR SUITE 1601	Address	841 PRUDENTIAL DR SUITE 1601
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207
Title	DVT	Title	VS
Name	WOOTEN, SCOTT	Name	BAITY, G. SCOTT
Address	841 PRUDENTIAL DR	Address	841 PRUDENTIAL DRIVE, SUITE 1802
City-State-Zip:	SUITE 1602 JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207

## Name and Address of Current Registered Agent:

BAITY, G. SCOTT ESQ. 841 PRUDENTIAL DRIVE **SUITE 1802** JACKSONVILLE, FL 32207 US

**Officer/Director Detail :** 

SIGNATURE: G. SCOTT BAITY

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.

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

841 PRUDENTIAL DRIVE

# 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:**

**SUITE 1802** JACKSONVILLE, FL 32207

## FEI Number: 75-3198121

Electronic Signature of Registered Agent

Electronic Signature of Signing Officer/Director Detail

04/30/2021

Date

Certificate of Status Desired: No

04/30/2021 Date