## **2021 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F08539

Entity Name: PAVILION HEALTH SERVICES, INC.

**Current Principal Place of Business:** 

1660 PRUDENTIAL DRIVE BUILDING 2 SUITE 203 JACKSONVILLE, FL 32207

**Current Mailing Address:** 

841 PRUDENTIAL DRIVE SUITE 1802 JACKSONVILLE, FL 32207 US

JACKSONVILLE, FL 32207 US

FEI Number: 59-2059710 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAITY, G. SCOTT 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 07/13/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DC Title DV

Name MAYO, MICHAEL A. Name ZUINO, MATTHEW A.

Address 841 PRUDENTIAL DRIVE, SUITE 1601 Address 841 PRUDENTIAL DRIVE, SUITE 1601

City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32207

Title V Title S

Name DURKIN, CHRISTOPHER Name BAITY, G. SCOTT

Address 3563 PHILIPS HIGHWAY BLDG A STE Address 841 PRUDENTIAL DRIVE, SUITE 1802

City-State-Zip: JACKSONVILLE FL 32207

Title VP

Title DP Name FINNEGAN, SCOTT Name WOOTEN, SCOTT

Address 841 PRUDENTIAL DRIVE, SUITE 1601

Address 841 PRUDENTIAL DRIVE, SUITE 1602

City-State-Zip: JACKSONVILLE FL 32207

Title VP

Name TICKELL, KEITH

Address 841 PRUDENTIAL DRIVE

**SUITE 1602** 

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

SIGNATURE: G. SCOTT BAITY

SECRETARY

07/13/2021

FILED Jul 13, 2021

**Secretary of State** 

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