

2024 FLORIDA PROFIT CORPORATION 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**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

04/08/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DC
Name	MAYO, MICHAEL A.
Address	841 PRUDENTIAL DRIVE, SUITE 1601
City-State-Zip:	JACKSONVILLE FL 32207

Title	DV
Name	ZUINO, MATTHEW A.
Address	841 PRUDENTIAL DRIVE, SUITE 1601
City-State-Zip:	JACKSONVILLE FL 32207

Title	V
Name	TONEY, RICK
Address	3563 PHILIPS HIGHWAY BLDG A STE 106
City-State-Zip:	JACKSONVILLE FL 32207

Title	S
Name	BAITY, G. SCOTT
Address	841 PRUDENTIAL DRIVE, SUITE 1802
City-State-Zip:	JACKSONVILLE FL 32207

Title	VP
Name	FINNEGAN, SCOTT
Address	841 PRUDENTIAL DRIVE, SUITE 1601
City-State-Zip:	JACKSONVILLE FL 32207

Title	DIRECTOR, PRESIDENT, TREASURER
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, ESQ.**SECRETARY**

04/08/2024

Electronic Signature of Signing Officer/Director Detail

Date