


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90158 023 \*\*\*\*61.25

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<b>DOCUMENT # 767267</b>					
1. Entity Name JAY HOSPITAL, INC.					
Principal Place of Business 1000 WEST MORENO ST. PENSACOLA, FL 32522 US			Mailing Address 1717 NORTH "E" ST., SUITE 320 ATTN: J. KEHOE PENSACOLA, FL 32501 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2425149	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DANIEL NIXON J 501 COMMENDENCIA ST. PENSACOLA, FL 32501				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, RONALD E			NAME	
STREET ADDRESS	900 N 12TH AVE.			STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32501			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOULE, MARGHERITA J			NAME	Soule, Margherita J.
STREET ADDRESS	1057 HARBOURVIEW CIRCLE			STREET ADDRESS	1057 Harbourview Circle
CITY-ST-ZIP	PENSACOLA, FL 32507			CITY-ST-ZIP	Pensacola, FL 32507
TITLE	VC	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, EDWARD M III			NAME	
STREET ADDRESS	315 FAIRPOINT DR			STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE, FL 32561			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, JAMES E			NAME	
STREET ADDRESS	250 BRENT LANE			STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32501			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMITZ, JIM			NAME	
STREET ADDRESS	70 N. BAYLEN ST.			STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32501			CITY-ST-ZIP	
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLS, ROBERT J			NAME	Lurton, Jack W., M.D.
STREET ADDRESS	500 N. PALAFOX ST.			STREET ADDRESS	1717 N. "E" St., Ste. 239
CITY-ST-ZIP	PENSACOLA, FL 32501			CITY-ST-ZIP	Pensacola, FL 32507
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Joyce Kehoe</i>		Joyce Kehoe, Asst. Sec.		4/5/05 850/469-2345	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	