


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90190 019 \*\*\*\*61.25

<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 - No P.O. Box #	
Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>DANIEL, NIXON J</b> 501 COMMENDENCIA ST. PENSACOLA, FL 32501		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	C <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, RONALD E	NAME	Touart, George
STREET ADDRESS	900 N 12TH AVE.	STREET ADDRESS	221 Palafax Pl, Ste. 420
CITY-ST-ZIP	PENSACOLA, FL 32501	CITY-ST-ZIP	Pensacola, FL 32502
TITLE	ST <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOULE, MARGHERITA J	NAME	Usry, Milton F.
STREET ADDRESS	1057 HARBOURVIEW CIRCLE	STREET ADDRESS	6553 Terra Santa
CITY-ST-ZIP	PENSACOLA, FL 32507	CITY-ST-ZIP	Pensacola, FL 32504
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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LURTON, JACK W MD	NAME	
STREET ADDRESS	1717 N E ST, STE 239	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32507	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Joyce Kehoe</u>		Date: <u>4/10/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>850/469-2345</u>	

