

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# 767267

Entity Name: JAY HOSPITAL, INC.

Current Principal Place of Business:

1000 WEST MORENO ST.
PENSACOLA, FL 32522 US

New Principal Place of Business:

1000 WEST MORENO ST.
PENSACOLA, FL 32501 US

Current Mailing Address:

1717 NORTH "E" ST., SUITE 320
ATTN: J. KEHOE
PENSACOLA, FL 32501 US

New Mailing Address:

1717 NORTH E ST
STE. 320 ATTN: J. KEHOE
PENSACOLA, FL 32501 US

FEI Number: 59-2425149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIEL, NIXON J
501 COMMENDENCIA ST.
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: JACKSON, RONALD E
Address: 900 N 12TH AVE.
City-St-Zip: PENSACOLA, FL 32501

Title: ST () Delete
Name: SOULE, MARGHERITA J
Address: 1057 HARBOURVIEW CIRCLE
City-St-Zip: PENSACOLA, FL 32507

Title: VC () Delete
Name: GRAY, EDWARD M III
Address: 315 FAIRPOINT DR
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: BAEHR, JOHN J III
Address: 1717 N E ST, STE. 423
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: KIZZIAH, JOHN M
Address: 4300 BAYOU BLVD., STE 30
City-St-Zip: PENSACOLA, FL 32501

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MANSKER, VAN E
Address: 5131 CHANDELLE DR
City-St-Zip: PENSACOLA, FL 32507

Title: D (X) Change () Addition
Name: HOWARD, BARRY
Address: 500 N PALAFOX ST
City-St-Zip: PENSACOLA, FL 32501

Title: AS () Change (X) Addition
Name: MATHEWS, MARY
Address: 1717 NORTH E ST STE 320
City-St-Zip: PENSACOLA, FL 32501

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY MATHEWS

AS

03/18/2009

Electronic Signature of Signing Officer or Director

Date