

**FILED**  
**Jun 14, 2007 8:00 am**  
**Secretary of State**

5/11

05-11-2007 90035 034 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P06000157273</b> 1. Entity Name <b>PAVILION HEALTH SERVICES OF CLAY, INC.</b>			
Principal Place of Business <b>1325 SAN MARCO BOULEVARD, 902</b> <b>JACKSONVILLE, FL 32207</b>		Mailing Address <b>1325 SAN MARCO BOULEVARD, 902</b> <b>JACKSONVILLE, FL 32207</b>	
2. Principal Place of Business - No P.O. Box # <b>1325 SAN MARCO BLVD</b> Suite, Apt. #, etc. <b>902</b> City & State <b>JACKSONVILLE FL</b> Zip <b>32207</b>		3. Mailing Address <b>1325 SAN MARCO BLVD</b> Suite, Apt. #, etc. <b>902</b> City & State <b>JACKSONVILLE FL</b> Zip <b>32207</b>	
4. FEI Number <b>03-0612468</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SMITH HULSEY &amp; BUSEY, PROFESSIONAL ASSOCIA</b> <b>225 WATER STREET, SUITE 1800</b> <b>JACKSONVILLE, FL 32202</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	DP Greene, A. Hugh 1325 San Marco Blvd., #902 Jacksonville, FL 32207	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	DV Wilbanks, John F. 1325 San Marco Blvd., #902 Jacksonville, FL 32207	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	DVT Lukaszewski, Michael 1325 San Marco Blvd., #902 Jacksonville, FL 32207	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	S Granger, Harvey 1325 San Marco Blvd., #902 Jacksonville, FL 32207	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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:		4/30/07 904-202-5010	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



ATTACHMENT

66019086

#P06000157273

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PAVILION HEALTH SERVICES OF CLAY, INC.

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June 12, 2007

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Reference Number: P06000157273

To Whom It May Concern:

I am submitting the requested information for Pavilion Health Services of Clay, Inc. The letter was received by me on June 12, 2007. It was not delivered to us in a timely manner due to there being no suite number on the mailing. I have added the suite number and the FEI to the annual report filing information. If you have any questions or need any additional information, please contact Missy Poston at 904-202-5010 or me at 904-202-5023.

Thank you,

Rick Toney  
Accounting Manager