

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000062680

Entity Name: CLAY MEDICAL CENTER, PA

FILED  
Feb 16, 2005  
Secretary of State

## Current Principal Place of Business:

1543 KINGSLEY AVE.  
ORANGE PARK, FL 32073 US

## New Principal Place of Business:

## Current Mailing Address:

1543 KINGSLEY AVE.  
ORANGE PARK, FL 32073 US

## New Mailing Address:

1409 EAST SILVER SPRINGS BLVD.  
C/O MUSCLE SKELETAL PAIN CENTER  
OCALA, FL 34470 US

FEI Number: 59-3338135

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARRASCAL, IRIS  
2480 SW 87TH PLACE ROAD  
OCALA, FL 34476 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: POLLAK, SANFORD Z  
Address: 4131 UNIVERSITY BLVD., BLDG. 16  
City-St-Zip: JACKSONVILLE, FL 32216

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

SIGNATURE: SANFORD POLLAK

PST

02/16/2005

Electronic Signature of Signing Officer or Director

Date