

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767267

Entity Name: JAY HOSPITAL, INC.

Current Principal Place of Business:

14114 ALABAMA STREET
JAY, FL 32565

FILED
Apr 24, 2014
Secretary of State
CC1964949066

Current Mailing Address:

1717 NORTH E ST
STE. 320 ATTN: MARY MATHEWS
PENSACOLA, FL 32501 US

FEI Number: 59-2425149

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALLAHAN, ELIZABETH
1717 NORTH E ST.
STE. 320
PENSACOLA, FL 32501 US

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

Officer/Director Detail :

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

Title VC
Name HICKS, LARRY K
Address 316 S. BAYLEN ST., STE. 300
City-State-Zip: PENSACOLA FL 32502

Title SECRETARY
Name KIZZIAH, JOHN
Address 4300 BAYOU BLVD., STE. 30
City-State-Zip: PENSACOLA FL 32503

Title MGR
Name FAULKNER, MARK T
Address 1717 NORTH E ST., STE. 320
City-State-Zip: PENSACOLA FL 32501

Title MGR
Name RAYNES, SCOTT
Address 1000 W. MORENO ST.
City-State-Zip: PENSACOLA FL 32501

Title ASST. SECRETARY
Name MATHEWS, MARY
Address 1717 NORTH E ST.
STE. 320
City-State-Zip: PENSACOLA FL 32501

Title TREASURER
Name BAEHR, JOHN J. DR.
Address 1000 W. MORENO ST.
RADIOLOGY DEPARTMENT
City-State-Zip: PENSACOLA FL 32501

I hereby 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 all other like empowered.

SIGNATURE: MARY MATHEWS

AS

04/24/2014

Electronic Signature of Signing Officer/Director Detail

Date