

2021 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
Feb 16, 2021
Secretary of State
9374275241CC

Current Mailing Address:

1717 NORTH E ST
STE. 320 ATTN: ELIZABETH CALLAHAN
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 1717 NORTH E ST
STE. 320 ATTN: ELIZABETH
CALLAHAN
City-State-Zip: PENSACOLA FL 32501

Title SECRETARY
Name SMITH, RICKY W.
Address 1717 NORTH E ST
STE. 320 ATTN: ELIZABETH
CALLAHAN
City-State-Zip: PENSACOLA FL 32501

Title PRESIDENT
Name RAYNES, SCOTT
Address 1717 NORTH E ST.
STE. 320
City-State-Zip: PENSACOLA FL 32501

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

Title TREASURER
Name MAZENKO, MICHAEL
Address 1717 NORTH E ST
STE. 320 ATTN: ELIZABETH
CALLAHAN
City-State-Zip: PENSACOLA FL 32501

Title OTHER
Name HUTCHINS, MIKE
Address 1717 NORTH E ST
STE. 320 ATTN: ELIZABETH
CALLAHAN
City-State-Zip: PENSACOLA FL 32501

Title OTHER
Name MULLINS, JAN
Address 1717 NORTH E ST
STE. 320 ATTN: JAN MULLINS
City-State-Zip: PENSACOLA FL 32501

Title VC
Name CARDONA, KARA
Address 1717 NORTH E ST
STE. 320 ATTN: ELIZABETH
CALLAHAN
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: JAN MULLINS

EXEC ASST

02/16/2021

Electronic Signature of Signing Officer/Director Detail

Date