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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02349** **(1)**

1. Corporation Name
FLAGLER HEALTH CARE SYSTEM, INC.

Principal Place of Business	Mailing Address
400 HEALTH PARK BLVD %JAMES D. CONZEMIUS, P O BOX 100 ST. AUGUSTINE FL 32086	400 HEALTH PARK BLVD %JAMES D. CONZEMIUS, P O BOX 100 ST. AUGUSTINE FL 32086-5781

3. Date Incorporated or Qualified: 04/03/1984
3a. Date of Last Report: 01/24/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-2440535 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CONZEMIUS, JAMES D.
400 HEALTH PARK BLVD
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DRYSDALE, DAVID		1.2 NAME		
STREET ADDRESS	48 WATER STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EDMISTON, MARGARET		2.2 NAME		
STREET ADDRESS	CORDOVA STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KLUGER, WARREN		3.2 NAME		
STREET ADDRESS	3100 US 1 SOUTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PLANT, REUBEN		4.2 NAME		
STREET ADDRESS	301 HEALTH PARK BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	LIN, WEN I		5.2 NAME	Ingram Dale	
STREET ADDRESS	3100 US 1 SOUTH		5.3 STREET ADDRESS	105 Southpark Blvd	
CITY-ST-ZIP	ST. AUGUSTINE FL		5.4 CITY-ST-ZIP	St. Augustine, Fl 32086	
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CONZEMIUS, JAMES D.		6.2 NAME		
STREET ADDRESS	400 HEALTH PARK BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James D. Conzemius REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0001489