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FILED
Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000011755 (1)
 1. Corporation Name
FLAGLER FAMILY MEDICINE, P.A.



Principal Place of Business Mailing Address
301 HEALTHPARK BLVD SUITE 325 ST AUGUSTINE FL 32086
301 HEALTHPARK BLVD SUITE 325 ST AUGUSTINE FL 32086-5771

3. Date Incorporated or Qualified **02/02/1996** 3a. Date of Last Report **NONE**
 4. FEI Number **59-3423198** Applied For Not Applicable
 5. Certificate of Status Desired **No** **\$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

2. Principal Place of Business 2a. Mailing Address
 21 State, Apt #, etc 26 Suite Apt #, etc
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITLOCK, WARREN
301 HEALTHPARK BLVD SUITE 325
ST AUGUSTINE FL 32086

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WHITLOCK, WARREN	
STREET ADDRESS	301 HEALTHPARK BLVD SUITE 325	
CITY-STATE-ZIP	ST AUGUSTINE FL 32086	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KRUEGER, LOTHAR	
STREET ADDRESS	1690 US HIGHWAY 1 S	
CITY-STATE-ZIP	ST AUGUSTINE FL 32086	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	CLONCH, LINDA	
STREET ADDRESS	1955 US HIGHWAY 1 S	
CITY-STATE-ZIP	ST AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUNN, ANDREW J	
STREET ADDRESS	1955 US HIGHWAY 1 S	
CITY-STATE-ZIP	ST AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHALE, RAT R	
STREET ADDRESS	1955 US HIGHWAY 1 S	
CITY-STATE-ZIP	ST AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/97 (904) 824-6164
 Date Daytime Phone #

CR2E034 (9/96)