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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N02349**

1. Corporation Name

**FLAGLER HEALTH CARE SYSTEM, INC.**

Principal Place of Business

400 HEALTH PARK BLVD  
%JAMES D. CONZEMIUS, P O BOX 100  
ST. AUGUSTINE FL 32086

Mailing Address

400 HEALTH PARK BLVD  
%JAMES D. CONZEMIUS, P O BOX 100  
ST. AUGUSTINE FL 32086



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/03/1984

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME BEXLEY, JERRY  
STREET ADDRESS 1700 DOBBS ROAD  
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE D ☒ DELETE  
NAME EDMISTON, GREER  
STREET ADDRESS CORDOVA STREET  
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE D ☐ DELETE  
NAME HORN, PHILLIP MD  
STREET ADDRESS 301 HEALTH PARK BLVD  
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE DC ☐ DELETE  
NAME PLANT, REUBEN  
STREET ADDRESS 301 HEALTH PARK BLVD.  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE DST ☐ DELETE  
NAME INGRAM, DALE  
STREET ADDRESS 105 SOUTHPEAK BLVD  
CITY-ST-ZIP ST AUGUSTINE FL

TITLE P ☐ DELETE  
NAME CONZEMIUS, JAMES D.  
STREET ADDRESS 400 HEALTH PARK BLVD  
CITY-ST-ZIP ST. AUGUSTINE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Len Tucker  
147 San Marco Avenue  
St. Augustine, Florida 32084

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 904 825-4400

Date

Daytime Phone #

CR2E037 (11/98)