

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90094 030 ***150.00

DOCUMENT # P96000011755

1. Entity Name
FLAGLER FAMILY MEDICINE, P.A.

Principal Place of Business 130 HEALTH PARK BLVD. ST AUGUSTINE FL 32086 US	Mailing Address 130 HEALTH PARK BLVD ST AUGUSTINE FL 32086 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3423198		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
WHITLOCK, WARREN 130 HEALTH PARK BLVD ST AUGUSTINE FL 32086				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITLOCK, WARREN			NAME			
STREET ADDRESS	130 HEALTH PARK BLVD			STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL 32086			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRUEGER, LOTHAR			NAME			
STREET ADDRESS	130 HEALTH PARK BLVD			STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL 32086			CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLONCH, LINDA			NAME			
STREET ADDRESS	130 HEALTH PARK BLVD			STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL 32086			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUNN, ANDREW J			NAME			
STREET ADDRESS	130 HEALTH PARK BLVD			STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL 32086			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHALE, RAY R			NAME			
STREET ADDRESS	130 HEALTH PARK BLVD			STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL 32086			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Regina R. Taylor, Practice Manager 1-20-01 904-826-3469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)