

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700950

FILED
Jan 06, 2004
Secretary of State**Entity Name:** FLAGLER HOSPITAL, INC.**Current Principal Place of Business:**400 HEALTH PARK BLVD.
P.O. BOX 100
ST. AUGUSTINE, FL 32086**New Principal Place of Business:**400 HEALTH PARK BLVD.
ST. AUGUSTINE, FL 32086**Current Mailing Address:**400 HEALTH PARK BLVD.
P.O. BOX 100
ST. AUGUSTINE, FL 32086**New Mailing Address:**400 HEALTH PARK BLVD.
ST. AUGUSTINE, FL 32086**FEI Number:** 59-0675143**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CONZEMIUS, JAMES D.
400 HEALTH PARK BLVD.
ST. AUGUSTINE, FL 32086 US**Name and Address of New Registered Agent:**JOSEPH GORDY
400 HEALTH PARK BLVD.
ST. AUGUSTINE, FL 32086 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: JOSEPH GORDY

01/06/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CONE, FRED
Address: 207 INLET DRIVE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D () Delete
Name: BAKER, HOWARD
Address: 3100 US 1 SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: HUGHES, RONNIE
Address: 1 NEWS PLACE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: JUSTICE, M.D., KEITH
Address: 300 HEALTH PARK BLVD.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: P () Delete
Name: CONZEMIUS, JAMES D.,
Address: 400 HEALTH PK BLVD
City-St-Zip: ST AUGUSTINE, FL

Title: D () Delete
Name: LAKE, MD, LARRY
Address: 161 MARINE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BOLES, JOSEPH
Address: 19 RIBERIA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: JOSEPH GORDY,
Address: 400 HEALTH PK BLVD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D (X) Change () Addition
Name: GEORGE, WAYNE
Address: 32 ST. AUGUSTINE BOULEVARD
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH GORDY

PRES

01/06/2004

Electronic Signature of Signing Officer or Director

Date