

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000011755

FILED
Feb 10, 2006
Secretary of State

Entity Name: FLAGLER FAMILY MEDICINE, P.A.

Current Principal Place of Business:

130 HEALTH PARK BLVD.
ST AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

130 HEALTH PARK BLVD
ST AUGUSTINE, FL 32086 US

New Mailing Address:

FEI Number: 59-3423198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITLOCK, WARREN
130 HEALTH PARK BLVD
ST AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WHITLOCK, WARREN
Address: 130 HEALTH PARK BLVD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: DV () Delete
Name: BATENHORST, TODD
Address: 130 HEALTH PARK BLVD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: DST () Delete
Name: CLONCH, LINDA
Address: 130 HEALTH PARK BLVD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D () Delete
Name: GUNN, ANDREW J
Address: 130 HEALTH PARK BLVD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D () Delete
Name: ZUB, CHRISTOPHER
Address: 130 HEALTH PARK BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32086 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WARREN WHITLOCK

DP

02/10/2006

Electronic Signature of Signing Officer or Director

_____ Date