

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000011755

FILED  
Mar 26, 2007  
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

PRES

03/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date