

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700950

Entity Name: FLAGLER HOSPITAL, INC.

FILED  
Jan 04, 2008  
Secretary of State

## Current Principal Place of Business:

400 HEALTH PARK BLVD.  
ST. AUGUSTINE, FL 32086

## New Principal Place of Business:

## Current Mailing Address:

400 HEALTH PARK BLVD.  
ST. AUGUSTINE, FL 32086

## New Mailing Address:

FEI Number: 59-0675143

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOSEPH GORDY  
400 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

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FOY, DON  
Address: 309 MARSHSIDE DRIVE NORTH  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: LINDA, WHITTINGTON  
Address: 120 S.R. 312 WEST  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D ( ) Delete  
Name: JAWAD, FARHAT  
Address: 1301 PLANTATION ISLAND DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: JUSTICE, M.D., KEITH  
Address: 10 SAN BARTOLA DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32086

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

Title: D ( ) Delete  
Name: DEW, DOUGLAS  
Address: 301 HEALTH PARK BOULEVARD  
City-St-Zip: SAINT AUGUSTINE, FL 32086

## 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:

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

I hereby certify that the information supplied with this filing does not qualify 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 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

01/04/2008

Electronic Signature of Signing Officer or Director

Date