

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02349

FILED
Jan 19, 2009
Secretary of State

Entity Name: FLAGLER HEALTH CARE SYSTEM, INC.

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: 59-2440535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDY, JOSEPH
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: UPCHURCH, TRACY
Address: 780 N. PONCE DE LEON BOULEVARD
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: MATHIS, JANE
Address: 701 EL VERGEL LANE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D () Delete
Name: BAKER, MATT
Address: 61 CORDOVA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: GIBSON, GREG MD
Address: 301 HEALTH PARK BLVD. S. 322
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: RUNK, BRAD
Address: 1985 MIZELL RD.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: P () Delete
Name: GORDY, JOSEPH
Address: 400 HEALTH PARK BLVD
City-St-Zip: ST. 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

01/19/2009

Electronic Signature of Signing Officer or Director

Date