

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 16, 2010
Secretary of State**

DOCUMENT# P96000011755

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

OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D
Name: DOLGIN, FREDERICK J
Address: 130 HEALTH PARK BLVD
City-St-Zip: ST AUGUSTINE, FL 32086 US

I hereby 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 all other like empowered.

SIGNATURE: WHITLOCK

Electronic Signature of Signing Officer or Director

DP

09/16/2010

Date

P96000011755

FLAGLER FAMILY
 MEDICINE & WELLNESS

Filed 9/16/10

September 16, 2010

Attn: Kathy Ashton
Fax 850-245-6017

State of Florida,

Please add an additional director to our corporation document number **P96000011755**. See director information below. I have already e-filed an amendment (confirmation number 500185530455). Please feel free to contact me if you have any questions or concerns.

Title: D
Name: Michael J. Look
Address: 130 Health Park Blvd
St. Augustine, FL 32086
Phone: (904) 826-3469
Fax: (904) 808-4608

Truly,

Warren O Whitlock

Flagler Family Medicine, PA

Todd Batenhorst, MD • Linda Clonch, MD • Frederick Dolgin, MD • Andrew Gunn, MD • Warren Whitlock, MD •
Christopher Zub, DO • Michael Look, DO • Lisa Salt, PA

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