2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2011
Secretary of State

DOCUMENT# N02349

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
Name: ABARE, WILLIAM
Address: 75 KING STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D
Name: MATHIS, JANE
Address: 116 FIDDLER CRAB LANE
City-St-Zip: ST AUGUSTINE, FL 32080

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

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

Title: D
Name: MCCLURE, GEORGE
Address: 81 KING STREET, SUITE A
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: P
Name: GORDY, JOSEPH
Address: 400 HEALTH PARK BLVD
City-St-Zip: ST. AUGUSTINE, FL 32086

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH GORDY PRES 01/03/2011

Electronic Signature of Signing Officer or Director Date