

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000011755

FILED  
Feb 10, 2012  
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

**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: WARREN WHITLOCK

DP

02/10/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date