

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Feb 15, 2012  
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: WARREN WHITLOCK

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

DP

02/15/2012

\_\_\_\_\_  
Date



# FLAGLER FAMILY MEDICINE & WELLNESS

996-11755  
2/15/12

February 15, 2012

RE: Add Director

Division of Corporations  
Attn: Annual Reports  
PO Box 6327  
Tallahassee, FL 32314

Please add the following director to our annual report:

Entity Name: Flagler Family Medicine, PA  
Document Number: P96000011755  
Name: Carlos M. Sanchez, MD  
Title: Director  
Address: 130 Health Park Blvd St Augustine, FL 32086  
Phone: 904-826-3469

Best regards,

Warren O Whitlock, MD

### Flagler Family Medicine, PA

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

[www.flaglerfamilymedicine.com](http://www.flaglerfamilymedicine.com)

**St Augustine**  
130 Health Park Blvd  
St Augustine, FL 32086  
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FX: (904) 808-4608

**St Augustine**  
52 Tuscan Way Suite 205  
St Augustine, FL 32092  
PH: (904)826-3469  
FX: (904) 808-4608

**East Palatka**  
199 Highway 17 South Suite 101  
East Palatka, FL 32131  
PH: (386) 325-5232  
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