## 2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P96000011755

Entity Name: FLAGLER FAMILY MEDICINE, P.A.

FILED Feb 15, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

130 HEALTH PARK BLVD. ST AUGUSTINE, FL 32086 US

Current Mailing Address: New Mailing Address:

130 HEALTH PARK BLVD. ST AUGUSTINE, FL 32086 US

FEI Number: 59-3423198 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WHITLOCK, WARREN 130 HEALTH PARK BLVD ST AUGUSTINE, FL 32086 US

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: DF

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: [

 Name:
 GUNN, ANDREW J

 Address:
 130 HEALTH PARK BLVD

 City-St-Zip:
 ST AUGUSTINE, FL 32086

Title:

 Name:
 ZUB, CHRISTOPHER J

 Address:
 130 HEALTH PARK BLVD.

 City-St-Zip:
 ST. AUGUSTINE, FL 32086 US

Title:

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 02/15/2012



P96-11755 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 Guan, MD • Carlos Sanchez, MD
Warren Whitlock, MD • Christopher Zub, DO • Michael Look, DO • Lisa Salt, PA

www.flaglerfamilymedicine.com

St Augustine

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52 Tuscan Way Suite 205 St Augustine, FL 32092

PH: (904)826-3469 FX: (904) 808-4608 East Palatka

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