

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700950

**Entity Name:** FLAGLER HOSPITAL, INC.**Current Principal Place of Business:**400 HEALTH PARK BLVD.  
ST. AUGUSTINE, FL 32086**Current Mailing Address:**ATTN: LEGAL DEPARTMENT  
100 WHETSTONE PLACE SUITE 203  
ST. AUGUSTINE, FL 32086 US**FEI Number:** 59-0675143**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCOTT, CAROLYN  
100 WHETSTONE PLACE  
SUITE 203  
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:** CAROLYN SCOTT

04/12/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name KAMIENSKI, CHRIS  
Address 400 HEALTH PARK BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title DIRECTOR  
Name MATUZA, RAY  
Address 400 HEALTH PARK BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title EX OFFICIO  
Name DEVOOGHT, CARLTON  
Address 400 HEALTH PARK BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title VC  
Name MOREY, TIMOTHY DR.  
Address 400 HEALTH PARK BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title DIRECTOR  
Name KELLY, JIM  
Address 400 HEALTH PARK BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title SECRETARY  
Name YOUNG, WILLIAM  
Address 400 HEALTH PARK BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title DIRECTOR  
Name NELSON, DAVID DR.  
Address 400 HEALTH PARK BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title TREASURER  
Name THORNTON, ROBERT WILLIAM  
Address 400 HEALTH PARK BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32086

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*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:** CARLTON DEVOOGHT

EX OFFICIO

04/12/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	PONDER STANSEL, SUSAN
Address	400 HEALTH PARK BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32086