

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02349

**Entity Name:** FLAGLER HEALTH CARE SYSTEM, INC.**Current Principal Place of Business:**400 HEALTH PARK BLVD  
ST. AUGUSTINE, FL 32086**Current Mailing Address:**400 HEALTH PARK BLVD  
ST. AUGUSTINE, FL 32086**FEI Number:** 59-2440535**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GORDY, JOSEPH  
400 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

**Officer/Director Detail :**

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

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

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

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

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

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

Title	D
Name	DOLGIN, FREDERICK
Address	400 HEALTH PARK BLVD
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	D
Name	FOY, DON
Address	400 HEALTH PARK BLVD
City-State-Zip:	ST. AUGUSTINE FL 32086

**Continues on page 2**

*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****PRESIDENT****01/08/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name BINNINGER, STEVE  
Address 400 HEALTH PARK BLVD  
City-State-Zip: ST. AUGUSTINE FL 32086

Title D  
Name NEVILLE, TODD  
Address 400 HEALTH PARK BLVD  
City-State-Zip: ST. AUGUSTINE FL 32086

Title D  
Name KAMM, JEFF  
Address 400 HEALTH PARK BLVD  
City-State-Zip: ST. AUGUSTINE FL 32086

Title D  
Name TUCKER, LEN  
Address 400 HEALTH PARK BLVD  
City-State-Zip: ST. AUGUSTINE FL 32086

Title D  
Name JOHNSON, RAYMOND  
Address 400 HEALTH PARK BLVD  
City-State-Zip: ST. AUGUSTINE FL 32086

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

Title D  
Name DEW, DOUGLAS  
Address 400 HEALTH PARK BLVD  
City-State-Zip: ST. AUGUSTINE FL 32086

Title D  
Name GRISSOM, JERRY  
Address 400 HEALTH PARK BLVD  
City-State-Zip: ST. AUGUSTINE FL 32086