

2014 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 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

Title D
Name BINNINGER, STEVE
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 NEVILLE, TODD
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****01/09/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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 PLATKO, WILLIAM DR.
Address 400 HEALTH PARK BLVD
City-State-Zip: ST. AUGUSTINE FL 32086