

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007252

**FILED**  
**Mar 11, 2021**  
**Secretary of State**  
**3366877339CC**

**Entity Name:** FLAGLER COUNTY FREE CLINIC, INC.

**Current Principal Place of Business:**

703 EAST MOODY BLVD  
BUNNELL, FL 32110

**Current Mailing Address:**

PO BOX 863  
BUNNELL, FL 32110

**FEI Number:** 20-5036975

**Certificate of Status Desired:** No

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

HENGEVELD, PEGGY  
70 RAINTREE CIRCLE  
PALM COAST, FL 32164 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:** PEGGY HENGEVELD

03/11/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           MILIDANTRI, MICHAELYN  
Address        13 SENTRY OAK PLACE  
City-State-Zip: PALM COAST FL 32137-8057

Title           PRESIDENT  
Name           HENGEVELD, PEGGY  
Address        80 RAINTREE CIRCLE  
City-State-Zip: PALM COAST FL 32164

Title           DIRECTOR  
Name           ALFONSO, DON DR.  
Address        39 COTTONWOOD COURT  
City-State-Zip: PALM COAST FL 32137-4311

Title           DIRECTOR  
Name           WAINGANKAR, SHRINIVAS DR.  
Address        35 CYPRESS WOOD DRIVE S.  
City-State-Zip: PALM COAST FL 32137

Title           DIRE  
Name           KILMAN, MARK DR.  
Address        FLORIDA HOSPITAL FLAGLER  
60 MEMORIAL MEDICAL PKWY  
City-State-Zip: PALM COAST FL 32164

Title           DIRECTOR-VICE PRESIDENT  
Name           ATAK, SHARON  
Address        1356 LAMBERT AVENUE  
City-State-Zip: FLAGLER BEACH, FL 32136 FL  
32136

Title           DIRECTOR  
Name           MANSKE, MARJORY  
Address        98 FREEMONT TURN  
City-State-Zip: PALM COAST FL 32137

Title           DIRECTOR  
Name           DOMAYER, CORY  
Address        FLORIDA HOSPITAL FLAGLER  
60 MEMORIAL MEDICAL PARKWAY  
City-State-Zip: PALM COAST FL 32164

**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:** MICHAELYN MILIDANTRI

**TREASURER, BOARD OF   03/11/2021**  
**DIRECTORS**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name JANE, WALKER  
Address 703 EAST MOODY BLVD  
City-State-Zip: BUNNELL FL 32110

Title DIRECTOR  
Name LIGGETT, LAURA  
Address 450 SHIRLS AVE.  
City-State-Zip: WASHINGTON PA 15301

Title DIRECTOR  
Name IHEME, CHIAMAKA DR.  
Address 703 EAST MOODY BLVD  
City-State-Zip: BUNNELL FL 32110