

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007252

**FILED**  
**Jun 29, 2018**  
**Secretary of State**  
**CC1529897655**

**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:** Yes

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

INCORVAIA, JOHN ESQ.  
1514 S OCEAN SHORE BLVD  
FLAGLER BEACH, FL 32136 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:** JOHN INCORVAIA

06/29/2018

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           DIRECTOR  
Name           BICKEL, STEPHEN  
Address        36 SEA VISTA DRIVE  
City-State-Zip: PALM COAST FL 32137

Title           SECRETARY  
Name           COLLIER, LISA  
Address        PO BOX 863  
City-State-Zip: BUNNELL FL 32110

Title           VP  
Name           SNYDER, BOB  
Address        1356 LAMBERT AVENUE  
City-State-Zip: FLAGLER BEACH FL 32136

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           SNYDER, BOB  
Address        5 CREEK BLUFF RUN  
City-State-Zip: FLAGLER BEACH FL 32136

Title           DIRECTOR  
Name           BELL, CHET  
Address        1220 WILLIS AVENUE  
City-State-Zip: DAYTONA BEACH FL 32114

**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

**SECRETARY, BOARD OF   06/29/2018**  
**DIRECTORS**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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 COIAST FL 32164