

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007252

**FILED**  
**Jan 23, 2023**  
**Secretary of State**  
**5253535065CC**

**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:**

BELLETTI, TERRI  
703 EAST MOODY BLVD.  
P. O. BOX 863  
BUNNELL, FL 32110 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:** TERRI BELLETTI

01/23/2023

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           IHEME, MD, CHIAMA  
Address        14 SWEETWATER COURT  
City-State-Zip: PALM COAST FL 32137

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

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

Title           DIRECTOR  
Name           VANDERHYDEN, HELEN  
Address        2660 SOUTH CENTRAL AVENUE  
City-State-Zip: FLAGLER BEACH FL 32136

Title           DIRECTOR  
Name           LECKIE, JACK  
Address        23 MARBELLA COURT  
City-State-Zip: PALM COAST FL 32137

**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, BOD

01/23/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KENNEDY, MD, MARK  
Address PO BOX 863  
City-State-Zip: BUNNELL FL 32110

Title DIRECTOR  
Name SCHUBERT, ELIZABETH  
Address 29 WOODHOLLOW LANE  
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR  
Name MUBARAK, ARNP, ADRIENNE  
Address 4126 SALINA LANE  
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR  
Name HARRISON, LAURIE  
Address 107 SOUTHLAKE DRIVE  
City-State-Zip: PALM COAST FL 32137