

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007252

**FILED**  
**Jan 27, 2022**  
**Secretary of State**  
**5395348141CC**

**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

01/27/2022

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, BOD  
Name           IHEME, MD, IHEME  
Address        703 EAST MOODY BLVD  
                  P. O BOX 863  
City-State-Zip: BUNNELL FL 32110

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           DIRECTOR  
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:** MICHAELYNMILIDANTRI

TREASURER, BOD

01/27/2022

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