

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007252

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

**Current Principal Place of Business:**

702 MOODY BLVD  
BUNNELL, FL 32110

**Current Mailing Address:**

PO BOX 863  
BUNNELL, FL 32110

**FEI Number:** 20-6036975

**Certificate of Status Desired:** Yes

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

NOWELL, SIDNEY M  
1100 E MOODY BLVD  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            VP  
Name            MILIDANTRI, MICHAELYN  
Address        PO BOX 863  
City-State-Zip: BUNNELL FL 32110

Title            D  
Name            COLEMAN, FAITH  
Address        PO BOX 863  
City-State-Zip: BUNNELL FL 32110

*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:** FAITH COLEMAN

**DIRECTOR**

**03/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date