

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 600326

**FILED**  
**Feb 11, 2019**  
**Secretary of State**  
**6651461013CC**

**Entity Name:** FLAGLER MEDICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

1552 PALM BEACH LAKES BLVD  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1552 PALM BEACH LAKES BLVD  
WEST PALM BEACH, FL 33401

**FEI Number:** 59-1199726

**Certificate of Status Desired:** No

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

RATTINGER, MARK D. M.D.  
1552 PALM BEACH LAKES BLVD  
WEST PALM BCH, FL 33401 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 P  
Name RATTINGER, MARK D  
Address 1552 PALM BEACH LAKES BLVD  
City-State-Zip: WEST PALM BCH FL 33401

Title V  
Name STEINBERG, ROBERT A.  
Address 1552 PALM BEACH LAKES BLVD  
City-State-Zip: W PALM BCH FL 33401

Title D  
Name FORTIER, DANIEL  
Address 1552 PALM BEACH LAKES BLVD  
City-State-Zip: WEST PALM BEACH FL 33401

Title D  
Name MARK, TIMOTHY  
Address 1552 PALM BEACH LAKES BLVD  
City-State-Zip: WEST PALM BEACH FL 33401

Title D  
Name GALANTE, MIRTA  
Address 1552 PALM BEACH LAKES BLVD  
City-State-Zip: WEST PALM BEACH FL 33401

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIMOTHY MARK

**DIRECTOR**

**02/11/2019**

Electronic Signature of Signing Officer/Director Detail

Date