

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000011755

**Entity Name:** FLAGLER FAMILY MEDICINE, P.A.**Current Principal Place of Business:**130 HEALTH PARK BLVD.  
ST AUGUSTINE, FL 32086**Current Mailing Address:**130 HEALTH PARK BLVD.  
ST AUGUSTINE, FL 32086 US**FEI Number:** 59-3423198**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOOK, MICHAEL  
130 HEALTH PARK BLVD  
ST AUGUSTINE, FL 32086 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:** MICHAEL LOOK

01/23/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	OFFICER
Name	CLONCH, LINDA S
Address	130 HEALTH PARK BLVD
City-State-Zip:	ST AUGUSTINE FL 32086

Title	VP
Name	ZUB, CHRISTOPHER J
Address	130 HEALTH PARK BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	PRESIDENT
Name	LOOK, MICHAEL J
Address	130 HEALTH PARK BLVD.
City-State-Zip:	ST AUGUSTINE FL 32086

Title	SECRETARY
Name	SANCHEZ, CARLOS M
Address	130 HEALTH PARK BLVD.
City-State-Zip:	ST AUGUSTINE FL 32086

Title	OFFICER
Name	JGUENTI, MILENA
Address	130 HEALTH PARK BLVD.
City-State-Zip:	ST AUGUSTINE FL 32086

Title	TREASURER
Name	CALAIN, JODIE
Address	130 HEALTH PARK BLVD.
City-State-Zip:	ST AUGUSTINE FL 32086

*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:** MICHAEL LOOK

PRESIDENT

01/23/2023

Electronic Signature of Signing Officer/Director Detail

Date