

**2015 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:**

WHITLOCK, WARREN  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name WHITLOCK, WARREN O  
Address 130 HEALTH PARK BLVD  
City-State-Zip: ST AUGUSTINE FL 32086

Title DV  
Name BATENHORST, TODD J  
Address 130 HEALTH PARK BLVD  
City-State-Zip: ST AUGUSTINE FL 32086

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

Title D  
Name GUNN, ANDREW J  
Address 130 HEALTH PARK BLVD  
City-State-Zip: ST AUGUSTINE FL 32086

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

Title D  
Name DOLGIN, FREDERICK J  
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: WARREN O WHITLOCK**

**PRESIDENT**

**05/14/2015**

Electronic Signature of Signing Officer/Director Detail

Date