

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