

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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**FILED
Mar 07, 2013
Secretary of State
CC9418710953**

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 WHITLOCK

PRESIDENT

03/07/2013

Electronic Signature of Signing Officer/Director Detail

Date