

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000109115

Entity Name: FLAGLER MANAGEMENT MEDICAL SERVICES LLC**Current Principal Place of Business:**130 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086**Current Mailing Address:**130 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086 UN**FEI Number:** 46-3564180**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BROOKS, SHELTON D. SR.
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

Authorized Person(s) Detail :

Title MGRM
Name WHITLOCK, WARREN PRES
Address 130 HEALTH PARK BLVD
City-State-Zip: ST. AUGUSTINE FL 32086

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

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

Title MGRM
Name DOLGIN, FREDRICK C DIR
Address 130 HEALTH PARK BLVD
City-State-Zip: ST. AUGUSTINE FL 32086

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

Title MGRM
Name LOOK, MICHAEL J DIR
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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WARREN O WHITLOCK, MD

MANAGING PARTNER

03/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date