2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 04, 2016
Secretary of State
CC7886755496

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: No

Name and Address of Current Registered Agent:

WHITLOCK, WARREN MD
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: WARREN WHITLOCK 05/04/2016

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	CLONCH, LINDA S 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	SANCHEZ, CARLOS
Address	130 HEALTH PARK BLVD
City-State-Zip:	ST. AUGUSTINE 32086

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

Title	MGRM
Name	GUNN, ANDREW
Address	130 HEALTH PARK BLVD
City-State-Zip:	ST. AUGUSTINE 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 WHITLOCK PRACTICE MANAGER 05/04/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date