FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:50

DOCUMENT # 700950 (9)

1. Corporation Name
FLAGLER HOSPITAL, INC.

Principal Place of Business	Mailing Address
400 HEALTH PARK BLVD. P.O. BOX 100 ST. AUGUSTINE FL 32086	400 HEALTH PARK BLVD. P.O. BOX 100 ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1906
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-0675143 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CONZEMIUS, JAMES D.
400 HEALTH PARK BLVD.
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	D ☑ Change ☐ Addition
NAME	TAYLOR, DALE	1.2 NAME	Robert Signer, m.d.
STREET ADDRESS	100 SOUTHPARK BLVD.	1.3 STREET ADDRESS	301 Health Park Blvd
CITY-ST-ZIP	ST AUGUSTINE FL	1.4 CITY-ST-ZIP	St. Augustine, Fl 32086
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	POLI, DARRELL	2.2 NAME	
STREET ADDRESS	RIBERIA STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D ☑ Change ☐ Addition
NAME	MATHIS, JAMES	3.2 NAME	Michael Sanders, m.d.
STREET ADDRESS	1539 SAN RAPHEAL WAY	3.3 STREET ADDRESS	301 Health Park Blvd
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	St. Augustine, Fl
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	INGRAM,DALE M.D.	4.2 NAME	
STREET ADDRESS	1100 SOUTH PONCE DE LEON BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	CONZEMIUS, JAMES D.	5.2 NAME	
STREET ADDRESS	400 HEALTH PK BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR,TOMM,	6.2 NAME	
STREET ADDRESS	3641 CRAZY HORSE TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/26/95 (904) 825-5420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032M40