

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 24 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified 05/12/1906	3a. Date of Last Report 01/30/1995
4. FEI Number 59-0675143	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SIGNOR, ROBERT M 201 HEALTH PARK BLVD. ST. AUGUSTINE FL	1.1 TITLE	D Ferris George, M.D. 201 Health Park Blvd ST. Augustine, FL 32086
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D POLI, DARRELL RIBERIA STREET ST AUGUSTINE FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D SANDERS, MICHAEL M 301 HEALTH PARK BLVD. ST. AUGUSTINE FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D INGRAM, DALE M.D. 1100 SOUTH PONCE DE LEON BLVD. ST AUGUSTINE, FL 00000	4.1 TITLE	D William Young old moultrie Rd ST. Augustine, FL 32086
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	P CONZEMIUS, JAMES D. 400 HEALTH PK BLVD ST AUGUSTINE FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D TAYLOR, TOMM, 3641 CRAZY HORSE TRAIL ST. AUGUSTINE FL	6.1 TITLE	D Tom Taylor 109 Seven Iron Court Ponte Vedra Beach, FL 32082
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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:

James D. Conzemius

JAMES D. CONZEMIUS

1-17-96 825-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)