

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700950

1. Entity 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 32086-5784

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0675143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FERRIS MD, GEORGE
201 HEALTH PARK BLVD.
ST. AUGUSTINE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ABARE, WILLIAM
FLAGLER COLLER, KING STREET
ST. AUGUSTINE FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SANDERS, MICHAEL M
301 HEALTH PARK BLVD.
ST. AUGUSTINE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BEXLEY, JERRY
1700 DOBBS ROAD
ST. AUGUSTINE FL 32086 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CONZEMIUS, JAMES D.
400 HEALTH PK BLVD
ST AUGUSTINE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TAYLOR, TOM
109 SEVEN IRON COURT
PONTE VEDRA BEACH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Signor, Robert
201 Health Park Boulevard
St. Augustine, FL 32086 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Whetstone, Henry
S.R. 312 & Coke Road
St. Augustine, Florida 32086 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90029 009 ****61.25



DO NOT WRITE IN THIS SPACE