

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700950

FILED
Jan 04, 2008
Secretary of State

Entity Name: FLAGLER HOSPITAL, INC.

Current Principal Place of Business:

400 HEALTH PARK BLVD.
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

400 HEALTH PARK BLVD.
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-0675143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPH GORDY
400 HEALTH PARK BLVD.
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FOY, DON
Address: 309 MARSHSIDE DRIVE NORTH
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D () Delete
Name: LINDA, WHITTINGTON
Address: 120 S.R. 312 WEST
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: JAWAD, FARHAT
Address: 1301 PLANTATION ISLAND DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: JUSTICE, M.D., KEITH
Address: 10 SAN BARTOLA DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: P () Delete
Name: JOSEPH GORDY,
Address: 400 HEALTH PK BLVD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D () Delete
Name: DEW, DOUGLAS
Address: 301 HEALTH PARK BOULEVARD
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH GORDY

PRES

01/04/2008

Electronic Signature of Signing Officer or Director

Date