2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2011
Secretary of State

DOCUMENT# 700950

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
Name: ALGER, CLARK
Address: 115 LANCASTER PLACE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D
Name: WILSON, BRIAN
Address: 2255 US 1 SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D
Name: TODD, BATENHORST
Address: 130 HEALTH PARK BOULEVARD
City-St-Zip: SAINT AUGUSTINE, FL 32086

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

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

Title: D
Name: DEW, DOUGLAS
Address: 201 HEALTH PARK BOULEVARD
City-St-Zip: SAINT AUGUSTINE, FL 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 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 all other like empowered.

SIGNATURE: JOSEPH GORDY PRES 01/03/2011

Electronic Signature of Signing Officer or Director — Date