2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State
01-23-2003 90086 006 ****61.25

DOCUMENT # 700950

1. Entity Name
FLAGLER HOSPITAL, INC.

20011076

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

☐ CHECK HERE IF MAKING CHANGES

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
CONZEMIUS, JAMES D. 400 HEALTH PARK BLVD. ST. AUGUSTINE FL 32086	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 Florida 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 Fred Cone 207 Inlet Drive St. Augustine, Fl 32080	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAKER, HOWARD 3100 US 1 SOUTH SAINT AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ronnie Hughes 1 News Place St. Augustine, Fl 32086	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACK, RICHARD 238 WEST KING ST SAINT AUGUSTINE FL 32084	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Keith Justice, MD 300 Health Park Blvd St. Augustine, Fl 32086	☐ Change ☒ Addition
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	D Larry Lake, PH.D 161 Marine Street St. Augustine, Fl 32084	☐ Change ☒ Addition
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 Sherri Maetozo, M.D. 1301 Plantation Drive, S St. Augustine, Fl 32080	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHETSTONE, HENRY S.R. 312 & COKE RD SAINT AUGUSTINE FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Karen Taylor 3070 Harbor Drive St. Augustine, Fl 32084	☐ Change ☒ Addition

CR2E037 (10/02)

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 James D. Conzemius 1-10-03 (904) 825-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #