2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #750745

1. Entity Name

FLAGLER COUNTY MEDICAL SOCIETY, INC.



FILED Feb 20, 2006 08:00 AM Secretary of State

Principal Place of Business

P.O. BOX 883 BUNNELL, FL 32310 Mailing Address

P.O. BOX 883 BUNNELL, FL 32110



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNELLY, IRWIN A. 306 S. OCEANSHORE BLVD. FLAGLER BEACH, FL 32036

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the lions of registered agent.	e purpose of changing its registere	ed office or	registered agent, or bot	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and	ride d'applicable. (NOTE: Registore.	o Agent signatur	a required when remaining)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			<u> </u>			
TITLE RAME STITLET ADDRESS CITY-ST-ZIP	PD SAFWAN, SHAMS 61 MEMORIAL MEDICAL PARKWA PALM COAST, FL 32184	Y				
TITLE NAME STREET ADDRESS CHTY-ST-EP	SD CANAKARIS, JOHN 207-209 BACHER STREET BUNNELL, FL 32110				#000004399 98 03/02/06-80023-012-61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARTER, MORRIS 207 LEMON STREET BUNNELL, FL 32110			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empayared.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06 (386) 586-181