


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 750745</b> 1. Entity Name FLAGLER COUNTY MEDICAL SOCIETY, INC.	
--	---

Principal Place of Business P.O. BOX 883 BUNNELL, FL 32110	Mailing Address P.O. BOX 883 BUNNELL, FL 32110
--	--

**DO NOT WRITE IN THIS SPACE**



02182007 No Chg-NP -- CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$81.25  
Due by May 1, 2007**


9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAFWAN, SHAMS 61 MEMORIAL MEDICAL PARKWAY PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CANAKARIS, JOHN 207-209 BACHER STREET BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CARTER, MORRIS 207 LEMON STREET BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000646206  
03/06/07-80020-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 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:**  **2/19/07** **(386)506-1816**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #