

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 750745

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**



02242008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CANAKARIS, JOHN 207-209 BACHER STREET BUNNELL, FL 32110
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARTER, MORRIS 207 LEMON STREET BUNNELL, FL 32110
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000842597
03/11/08-80037-012 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President **2/25/08** (306) 526-1210