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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 10:54

DOCUMENT # H40580

(3)

1. Corporation Name

FLAGLER HEALTH SERVICES, INC.

Principal Place of Business

400 HEALTH PARK BLVD.
P O BOX 100
ST. AUGUSTINE FL 32086

Mailing Address

400 HEALTH PARK BLVD.
P O BOX 100
ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/31/1985

3a. Date of Last Report

01/25/1994

4. FEI Number

59-2484352

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

CONZEMIUS, JAMES D.
400 HEALTH PARK BLVD.
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P
CONZEMIUS, JAMES D.
400 HEALTH PARK BLVD
ST AUGUSTINE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

C
TAYLOR, TOM
3841 CRAZY HORSE TRAIL
ST AUGUSTINE FL 32086

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
MEEKS, JEROD
ORANGE STREET
ST AGUSTINE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
DAWSON, ROBERT
27 MILTON STREET
ST. AUGUSTINE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
BOEREMA, ROBERT
100 SOUTHPARK BLVD SUITE 303
ST. AUGUSTINE FL 32086

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
MCCLURE, GEORGE
KING STREET
ST AUGUSTINE FL 32084

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☒ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

D
William Abare
King Street
St. Augustine, FL 32084

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James D. Conzemius
James D. Conzemius
President

1/5/95 (204) 825-4400