FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H40580** **(3)**

1. Corporation Name

FLAGLER HEALTH SERVICES, INC.

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

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **01/31/1985**
3a. Date of Last Report: **01/19/1995**
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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CONZEMIUS, JAMES D.		1.2 NAME		
STREET ADDRESS	400 HEALTH PARK BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		1.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	TAYLOR, TOM		2.2 NAME	Robert Dupree, M.D	
STREET ADDRESS	3641 CRAZY HORSE TRAIL		2.3 STREET ADDRESS	201 Health Park Blvd	
CITY-ST-ZIP	ST AUGUSTINE FL 32086		2.4 CITY-ST-ZIP	St. Augustine, Fl 32086	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MEEKS, JEROD		3.2 NAME		
STREET ADDRESS	ORANGE STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST AGUSTINE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ABARE, WILLIAM		4.2 NAME		
STREET ADDRESS	KING STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BOEREMA, ROBERT		5.2 NAME	Jim Costeria	
STREET ADDRESS	100 SOUTHPARK BLVD SUITE 303		5.3 STREET ADDRESS	2820 A US 1 South	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		5.4 CITY-ST-ZIP	St. Augustine, Fl 32086	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MCCLURE, GEORGE		6.2 NAME	Len Tucker	
STREET ADDRESS	KING STREET		6.3 STREET ADDRESS	149 San Marco Ave	
CITY-ST-ZIP	ST AUGUSTINE FL 32084		6.4 CITY-ST-ZIP	St. Augustine, Fl 32084	

CR2E034 (12/95)

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 119.07(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 receiver 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 1-7-96 825-[illegible]

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