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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Corporation FLAG	ELER HEALTH SERVICES,	INC.					#4 616#1 6110 # 1801 B	EJÐI EINÐI IÐIII	Sain Birit direi direit	Alan Biddi Albel da
ncipal Place	of Business	Mailing Add	dress							
400 HEALTH PARK BLVD. P O BOX 100 ST. AUGUSTINE FL 32086		400 HEALTH PARK BLVD. P O BOX 100 ST. AUGUSTINE FL 32086				3. Date Incorporated or C	Dualified	3a. Date of Last	Donast	
							01/31/1985	20dinied	01/19/	
Principa' Pla	ice of Business	2a. Mailing	Address			,	FEI Number			Applied For
Suite, Apt. #	7. etc.		φt. #, etc.				59-2484352		\$8.7	Not Applicable 5 Additional
City & State		27					5. Certificate of Status De			Required
ony o otale		City & S	state			'	Election Campaign Fin Trust Fund Contributio	~ -		00 May Be led to Fees
Zipi 	Country 25]	Ζιρ 29		Countr 30	у		 This corporation has lia Florida Statutes 	🔀 Yes [ngible tax under	
	9. Name and Address of Curr	rent Registered Ag	gent	81	Name		D. Name and Address of	of New Reg	Istered Agent	
CONZE	EMIUS, JAMES D.								····	
	EALTH PARK BLVD.		82			Address (P.O. Box Number is Not	Acceptable)		
ST. AU	IGUSTINE FL 32086			83						
				84	City				FL 85	Zip Code
O registere	o the provisions of Sections 607.05 ad agent, or both, in the State of Fic h, and accept the obligations of, Se	onua. Such chance	was aumonz	ea by the com	named or poration's	orporation s board of	submits this statement for directors. I hereby accept	or the purpos t the appoint		registered officed agent. I am
familiar with	and accept the obligations of Se Separates, good or probabilisms of regulations	ection 607.0505, Fig	was aumonz orida Statutes	ed by the corp).)Tt: Regislered Apo	poration's	s board of	directors. I hereby accept	t the appoint	se of changing its trient as registere	od agent. I am
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