

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: 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 32086-5781

3. Date Incorporated or Qualified: 01/31/1985
3a. Date of Last Report: 01/30/1996
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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
85 Zip Code: FL

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: _____

12. OFFICERS AND DIRECTORS	
TITLE	P CONZEMIUS, JAMES D. [] DELETE
NAME	400 HEALTH PARK BLVD
STREET ADDRESS	ST AUGUSTINE FL
CITY-ST-ZIP	
TITLE	D DUPREE, ROBERT M.D. [] DELETE
NAME	201 HEALTH PARK BLVD.
STREET ADDRESS	ST AUGUSTINE FL
CITY-ST-ZIP	
TITLE	D MEEKS, JEROD [] DELETE
NAME	ORANGE STREET
STREET ADDRESS	ST AUGUSTINE FL
CITY-ST-ZIP	
TITLE	D ABARE, WILLIAM [] DELETE
NAME	KING STREET
STREET ADDRESS	ST AUGUSTINE FL
CITY-ST-ZIP	
TITLE	D COSTERIA, JIM [] DELETE
NAME	2820A US1 SOUTH
STREET ADDRESS	ST. AUGUSTINE FL
CITY-ST-ZIP	
TITLE	D TUCKER, LEN [] DELETE
NAME	147 SAN MARCO AVE.
STREET ADDRESS	ST AUGUSTINE FL
CITY-ST-ZIP	

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	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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*
SIGNATURE AND TITLE OF CURRENTLY LISTED REGISTERED AGENT OR DIRECTOR

CR2E034 (9/96)