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Feb 05, 1999 8:00am
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02-05-1999 90001 010 ****150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H40580**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1985

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
P
CONZEMIUS, JAMES D.
STREET ADDRESS
400 HEALTH PARK BLVD
CITY-ST-ZIP
ST AUGUSTINE FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
D
DUPREE, ROBERT M.D.
STREET ADDRESS
201 HEALTH PARK BLVD.
CITY-ST-ZIP
ST AUGUSTINE FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
D
JERRY BEXLEY
STREET ADDRESS
1700 DOBBS RD
CITY-ST-ZIP
ST AUGUSTINE FL 32086

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
D
ABARE, WILLIAM
STREET ADDRESS
KING STREET
CITY-ST-ZIP
ST AUGUSTINE FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
D
COSTERIA, JIM
STREET ADDRESS
2820A US1 SOUTH
CITY-ST-ZIP
ST. AUGUSTINE FL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
D
TUCKER, LEN
STREET ADDRESS
147 SAN MARCO AVE.
CITY-ST-ZIP
ST AUGUSTINE FL

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

Daytime Phone #