2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State
01-25-2000 90098 012 ***150.00

DOCUMENT # H40580

1. Entity 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 32086-5784

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2484352 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONZEMIUS, JAMES D. 400 HEALTH PARK BLVD. ST. AUGUSTINE FL 32086	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CONZEMIUS, JAMES D. 400 HEALTH PARK BLVD ST AUGUSTINE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUPREE, ROBERT M.D. 201 HEALTH PARK BLVD. ST AUGUSTINE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JERRY BEXLEY 1700 DOBBS RD ST AUGUSTINE FL 32086	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Elmer Dillingham 207 N. San Marco Avenue St. Augustine, Fl 32084	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABARE, WILLIAM KING STREET ST AUGUSTINE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Richard Black 100 Southpark Blvd St. Augustine, Fl 32086	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COSTERIA, JIM 2820A US1 SOUTH ST. AUGUSTINE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TUCKER, LEN 147 SAN MARCO AVE. ST AUGUSTINE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James D. Conzemius **REQUIRED** James D. Conzemius, President 1/5/00 (904) 825-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #