2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2001 8:00 am
Secretary of State
01-18-2001 90019 002 ***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

A0006299

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 _____ 1/03/01
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, 2001 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	D Brad Runk 1985 Mizell Road St. Augustine, Fl ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DILLINGHAM, ELMER 207 N. SAN MARCO AVENUE ST AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACK, RICHARD 100 SOUTHPARK BLVD ST AUGUSTINE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	D Reuben Plant, MD 84 Village Del Largo Circle St. Augustine, Fl ☐ 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	D Edwina Russell 207 Mason Manatee Way St. Augustine, Fl ☐ 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: _____ 1/3/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)