

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H40580

FILED
Jan 07, 2005
Secretary of State

Entity Name: FLAGLER HEALTH SERVICES, INC.

Current Principal Place of Business:

400 HEALTH PARK BLVD.
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

400 HEALTH PARK BLVD.
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-2484352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDY, JOSEPH PRES
400 HEALTH PARK BLVD.
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GORDY, JOSEPH
Address: 400 HEALTH PARK BLVD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D () Delete
Name: MCGUINNESS, A.J.
Address: 238 WEST KING STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: GRISSOM, JERRY
Address: 711 PINEHURST PLACE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: RIGGLE, FRANK
Address: 67 DOLPHIN DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: PLANT, REUBEN MD
Address: 84 VILLAGE DEL LARGO CIRCLE
City-St-Zip: ST. AUGUSTINE, FL

Title: D () Delete
Name: KAMM, JEFF
Address: 7 CONTERA DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WHITTINGTON, LINDA
Address: 120 S.R. 312 WEST
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D (X) Change () Addition
Name: MACSWAIN, ROBERT
Address: 1 MALAGA STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH GORDY

PRES

01/07/2005

Electronic Signature of Signing Officer or Director

Date