2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# H40580

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: MCGUINESS, A.J.
Address: 238 WEST KING STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: WILSON, JAMES
Address: 19 OID MISSION AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32084

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

Title: D ( ) Delete
Name: MACSWAIN, ROBERT
Address: 76 MARINE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: BAKER, MATT
Address: 61 CORDOVA STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: MAY, DEREK
Address: ONE NEWS PLACE
City-St-Zip: SAINT AUGUSTINE, FL 32086

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

Title: D (X) Change ( ) Addition
Name: BATENHORST, TODD
Address: 130 HEALTH PARK BOULEVARD
City-St-Zip: SAINT AUGUSTINE, FL 32086

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 01/04/2008

Electronic Signature of Signing Officer or Director — Date