2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
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:	MAY, DEREK	
Address:	ONE NEWS PLACE	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
Title:	D	( ) Delete
Name:	WILSON, JAMES	
Address:	19 OID MISSION AVENUE	
City-St-Zip:	ST. AUGUSTINE, FL 32084	
Title:	D	( ) Delete
Name:	BATENHORST, TODD	
Address:	130 HEALTH PARK BOULEVARD	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	WILSON, JAMES	
Address:	5330 AIA SOUTH	
City-St-Zip:	ST. AUGUSTINE, FL 32080	
Title:	D	(X) Change ( ) Addition
Name:	LONG, MASON	
Address:	301 HEALTH PARK BOULEVARD	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
Title:	D	(X) Change ( ) Addition
Name:	NEVILLE, TODD	
Address:	320 HIGH TIDE DRIVE	
City-St-Zip:	ST. AUGUSTINE, FL 32080	
Title:	D	(X) Change ( ) Addition
Name:	DIBELLA, MEG	
Address:	135 CEDAR RIDGE CIRCLE	
City-St-Zip:	SAINT AUGUSTINE, FL 32080	

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 01/14/2009

Electronic Signature of Signing Officer or Director — Date