

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H40580

FILED
Jan 03, 2011
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

OFFICERS AND DIRECTORS:

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

Title: D
Name: AVERY-SMITH, ELLEN
Address: 7 WALDO STREET, SUITE B
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D
Name: BINNINGER, STEVE
Address: 114 HERON'S NEST LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D
Name: LONG, MASON
Address: 301 HEALTH PARK BOULEVARD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D
Name: NEVILLE, TODD
Address: 320 HIGH TIDE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D
Name: DIBELLA, MEG
Address: 135 CEDAR RIDGE CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH GORDY

PRES

01/03/2011

Electronic Signature of Signing Officer or Director

Date