

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02349** (1)

1. Corporation Name

FLAGLER HEALTH CARE SYSTEM, INC.



Principal Place of Business: 400 HEALTH PARK BLVD, %JAMES D. CONZEMIUS, P O BOX 100, ST. AUGUSTINE FL 32086
Mailing Address: 400 HEALTH PARK BLVD, %JAMES D. CONZEMIUS, P O BOX 100, ST. AUGUSTINE FL 32086

3. Date Incorporated or Qualified 04/03/1984	3a. Date of Last Report 01/30/1995
4. FEI Number 59-2440535	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
25	30

9. Name and Address of Current Registered Agent

CONZEMIUS, JAMES D.
400 HEALTH PARK BLVD
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	DRYSDALE, DAVID
STREET ADDRESS	48 WATER STREET
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	EDMISTON, MARGARET
STREET ADDRESS	CORDOVA STREET
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KLUGER, WARREN
STREET ADDRESS	3100 US 1 SOUTH
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PLANT, REUBEN
STREET ADDRESS	301 HEALTH PARK BLVD.
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LIN, WEN I
STREET ADDRESS	3100 US 1 SOUTH
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	CONZEMIUS, JAMES D.
STREET ADDRESS	400 HEALTH PARK BLVD
CITY-ST-ZIP	ST. AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James D. Conzemius **JAMES D. CONZEMIUS** 1-1796 825-1400
Date Daytime Phone #

CR2E037 (12/95)