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Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

400 HEALTH PARK BLVD
%JAMES D. CONZEMIUS, P O BOX 100
ST. AUGUSTINE FL 32086400 HEALTH PARK BLVD
%JAMES D. CONZEMIUS, P O BOX 100
ST. AUGUSTINE FL 32086-5781

3. Date Incorporated or Qualified

04/03/1984

3a. Date of Last Report

01/24/1996

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

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME DRYSDALE, DAVID
STREET ADDRESS 48 WATER STREET
CITY-ST-ZIP ST. AUGUSTINE FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME EDMISTON, MARGARET
STREET ADDRESS CORDOVA STREET
CITY-ST-ZIP ST. AUGUSTINE FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME KLUGER, WARREN
STREET ADDRESS 3100 US 1 SOUTH
CITY-ST-ZIP ST. AUGUSTINE FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME PLANT, REUBEN
STREET ADDRESS 301 HEALTH PARK BLVD.
CITY-ST-ZIP ST. AUGUSTINE FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME LIN, WEN I
STREET ADDRESS 3100 US 1 SOUTH
CITY-ST-ZIP ST. AUGUSTINE FL5.1 TITLE ☒ Change ☐ Addition
5.2 NAME D
5.3 STREET ADDRESS Ingram Dale
5.4 CITY-ST-ZIP 105 Southpark Blvd
St. Augustine, FL 32086TITLE P ☐ DELETE
NAME CONZEMIUS, JAMES D.
STREET ADDRESS 400 HEALTH PARK BLVD
CITY-ST-ZIP ST. AUGUSTINE FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0001489

CR2E037 (9/96)