

FILE NOW: FILING FEE IS \$61.25

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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/03/1984		
4. FEI Number 59-2440535	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRYSDALE, DAVID	1.2 NAME	Jerry Bexley
STREET ADDRESS	48 WATER STREET	1.3 STREET ADDRESS	1700 Dobbs Road
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	St. Augustine, Florida 32086
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMISTON, MARGARET	2.2 NAME	Greer Edmiston
STREET ADDRESS	CORDOVA STREET	2.3 STREET ADDRESS	Cordova Street
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	St. Augustine, Florida 32084
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLUGER, WARREN	3.2 NAME	Phillip Horn, M.D.
STREET ADDRESS	3100 US 1 SOUTH	3.3 STREET ADDRESS	301 Health Park Blvd
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	St. Augustine, Florida 32086
TITLE	D Chairman <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLANT, REUBEN	4.2 NAME	
STREET ADDRESS	301 HEALTH PARK BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP	
TITLE	D Secretary-Treasurer <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGRAM, DALE	5.2 NAME	
STREET ADDRESS	105 SOUTHPEAK BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONZEMIUS, JAMES D.	6.2 NAME	
STREET ADDRESS	400 HEALTH PARK BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jerry Bexley
1.3 STREET ADDRESS	1700 Dobbs Road
1.4 CITY-ST-ZIP	St. Augustine, Florida 32086
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Greer Edmiston
2.3 STREET ADDRESS	Cordova Street
2.4 CITY-ST-ZIP	St. Augustine, Florida 32084
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Phillip Horn, M.D.
3.3 STREET ADDRESS	301 Health Park Blvd
3.4 CITY-ST-ZIP	St. Augustine, Florida 32086
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: _____ DATE: **1/12/98**

CFR2037 (10/97)