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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02349
 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/03/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2440535
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	BEXLEY, JERRY 1700 DOBBS ROAD ST. AUGUSTINE FL 32086	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	EDMISTON, GREER CORDOVA STREET ST AUGUSTINE FL 32084	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	HORN, PHILLIP MD 301 HEALTH PARK BLVD ST. AUGUSTINE FL 32086	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Len Tucker 147 San Marco Avenue St. Augustine, Florida 32084
TITLE DC	PLANT, REUBEN 301 HEALTH PARK BLVD. ST. AUGUSTINE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DST	INGRAM, DALE 105 SOUTHPEAK BLVD ST AUGUSTINE FL	3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE P	CONZEMIUS, JAMES D. 400 HEALTH PARK BLVD ST. AUGUSTINE FL	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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED 1/4/99 904 825-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)