

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90098 015 ****61.25

DOCUMENT # N02349

1. Entity 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 32086-5784

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2440535

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** Delete
 NAME **BEXLEY, JERRY**
 STREET ADDRESS **1700 DOBBS ROAD**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE **D** Delete
 NAME **TUCKER, LEN**
 STREET ADDRESS **147 SAN MARCO AVENUE**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **D** Delete
 NAME **HORN, PHILLIP MD**
 STREET ADDRESS **301 HEALTH PARK BLVD**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE **DC** Delete
 NAME **PLANT, REUBEN**
 STREET ADDRESS **301 HEALTH PARK BLVD.**
 CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **DST** Delete
 NAME **INGRAM, DALE**
 STREET ADDRESS **105 SOUTHPEAK BLVD**
 CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **P** Delete
 NAME **CONZEMIUS, JAMES D.**
 STREET ADDRESS **400 HEALTH PARK BLVD**
 CITY-ST-ZIP **ST. AUGUSTINE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D William Abare**
 STREET ADDRESS **King Street**
 CITY-ST-ZIP **St. Augustine, Fl 32084**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James D. Conzemius, President 1/5/00 (904) 825-4408
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE