

2000 UNIFORM BUSINESS REPORT (UBR)

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

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

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

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

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

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

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 D ☐ Change ☒ Addition
NAME 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James D. Conzemius, President 1/5/00 (904) 825-4408

Date

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE