

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02349

1. Entity Name

FLAGLER HEALTH CARE SYSTEM, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90113 035 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2440535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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

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

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

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

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

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

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)