

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-26-2001 90113 035 ****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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2440535	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

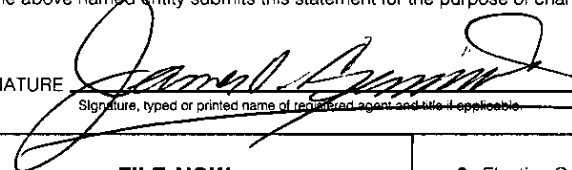
6. Name and Address of Current Registered Agent

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
State 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:  DATE: 1/4/01

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BEXLEY, JERRY	
STREET ADDRESS	1700 DOBBS ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER, LEN	
STREET ADDRESS	147 SAN MARCO AVENUE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORN, PHILLIP MD	
STREET ADDRESS	301 HEALTH PARK BLVD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	DC	<input type="checkbox"/> Delete
NAME	PLANT, REUBEN	
STREET ADDRESS	301 HEALTH PARK BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	INGRAM, DALE	
STREET ADDRESS	105 SOUTHPEAK BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	CONZEMIUS, JAMES D.	
STREET ADDRESS	400 HEALTH PARK BLVD	
CITY-ST-ZIP	ST. AUGUSTINE FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: 1/4/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)