

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90155 021 \*\*\*\*61.25

0059488

**DOCUMENT # N02349**

1. Entity Name

**FLAGLER HEALTH CARE SYSTEM, INC.**

Principal Place of Business

Mailing Address

**400 HEALTH PARK BLVD  
 %JAMES D. CONZEMIUS, P O BOX 100  
 ST. AUGUSTINE FL 32086**

**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

4. FEI Number

**59-2440535**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Tom Taylor</b>	
STREET ADDRESS	<b>3070 Harbor Drive</b>	
CITY-ST-ZIP	<b>St. Augustine, Florida 32084</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Michael Sanders, MD</b>	
STREET ADDRESS	<b>301 Health Park Blvd, S 327</b>	
CITY-ST-ZIP	<b>St. Augustine, FL 32086</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Warren Whitlock, MD</b>	
STREET ADDRESS	<b>130 Health Park Boulevard</b>	
CITY-ST-ZIP	<b>St. Augustine, FL 32086</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Greer Edmiston</b>	
STREET ADDRESS	<b>170 Cordova Street</b>	
CITY-ST-ZIP	<b>St. Augustine,, FL 32084</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jerod Meeks</b>	
STREET ADDRESS	<b>83 Orangee Street</b>	
CITY-ST-ZIP	<b>St. Augustine, FL 32084</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Henry Whetstone, Jr.</b>	
STREET ADDRESS	<b>SR 312 &amp; Coke Road</b>	
CITY-ST-ZIP	<b>St. Augustine, FL 32086</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(f), 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 (9/01)