

2002 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**

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**

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 \$61.259. 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 | <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 checked="" type="checkbox"/> Delete |
| NAME | HORN, PHILLIP MD | |
| STREET ADDRESS | 301 HEALTH PARK BLVD | |
| CITY-ST-ZIP | ST. AUGUSTINE FL 32086 | |

| | | |
|----------------|------------------------------|--|
| TITLE | DC | <input checked="" 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 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Tom Taylor | |
| STREET ADDRESS | 3070 Harbor Drive | |
| CITY-ST-ZIP | St. Augustine, Florida 32084 | |

| | | |
|----------------|------------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Michael Sanders, MD | |
| STREET ADDRESS | 301 Health Park Blvd, S 327 | |
| CITY-ST-ZIP | St. Augustine, FL 32086 | |

| | | |
|----------------|----------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Warren Whitlock, MD | |
| STREET ADDRESS | 130 Health Park Boulevard | |
| CITY-ST-ZIP | St. Augustine, FL 32086 | |

| | | |
|----------------|--------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Greer Edmiston | |
| STREET ADDRESS | 170 Cordova Street | |
| CITY-ST-ZIP | St. Augustine, FL 32084 | |

| | | |
|----------------|--------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Jerod Meeks | |
| STREET ADDRESS | 83 Orangee Street | |
| CITY-ST-ZIP | St. Augustine, FL 32084 | |

| | | |
|----------------|--------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Henry Whetstone, Jr. | |
| STREET ADDRESS | SR 312 & Coke Road | |
| CITY-ST-ZIP | St. Augustine, FL 32086 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)