2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# N02349

Entity Name: FLAGLER HEALTH CARE SYSTEM, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

400 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086

Current Mailing Address:

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

New Mailing Address:

400 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086

FEI Number: 59-2440535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GORDY, JOSEPH
400 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086 US

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: JOSEPH GORDY 01/07/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BEXLEY, JERRY	
Address:	1700 DOBBS ROAD	
City-St-Zip:	ST. AUGUSTINE, FL 32086	
Title:	D	( ) Delete
Name:	TUCKER, LEN	
Address:	147 SAN MARCO AVENUE	
City-St-Zip:	ST AUGUSTINE, FL 32084	
Title:	D	( ) Delete
Name:	TAYLOR, TOM	
Address:	3070 HARBOUR DRIVE	
City-St-Zip:	SAINT AUGUSTINE, FL 32084	
Title:	D	( ) Delete
Name:	SANDERS, MICHAEL MD	
Address:	301 HEALTH PARK BLVD. S. 327	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
Title:	D	( ) Delete
Name:	RUNK, BRAD	
Address:	1985 MIZELL RD.	
City-St-Zip:	ST. AUGUSTINE, FL 32080	
Title:	P	( ) Delete
Name:	CONZEMIUS, JAMES D.,	
Address:	400 HEALTH PARK BLVD	
City-St-Zip:	ST. AUGUSTINE, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	ABARE, WILLIAM	
Address:	74 KING STREET	
City-St-Zip:	SAINT AUGUSTINE, FL 32084	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	GORDY, JOSEPH	
Address:	400 HEALTH PARK BLVD	
City-St-Zip:	ST. AUGUSTINE, FL 32086	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH GORDY O 01/07/2004
Electronic Signature of Signing Officer or Director Date