2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02349

FILED Jan 04, 2010 Secretary of State

Date

Entity Name: FLAGLER HEALTH CARE SYSTEM, INC.

Current Principal Place of Business: New Principal Place of Business:

400 HEALTH PARK BLVD ST. AUGUSTINE, FL 32086

Current Mailing Address: 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: 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.

III the State of Florida

SIGNATURE: Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: D

Name: UPCHURCH, TRACY

Address: 780 N. PONCE DE LEON BOULEVARD

City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D

 Name:
 MATHIS, JANE

 Address:
 701 EL VERGEL LANE

 City-St-Zip:
 ST AUGUSTINE, FL 32080

Title: D

 Name:
 BAKER, MATT

 Address:
 61 CORDOVA STREET

 City-St-Zip:
 SAINT AUGUSTINE, FL 32084

Title:

Name: GIBSON, GREG MD

Address: 301 HEALTH PARK BLVD. S. 322 City-St-Zip: SAINT AUGUSTINE, FL 32086

Title:

Name: RUNK, BRAD
Address: 1985 MIZELL RD.
City St Zin: ST ALICUSTINE FILE

City-St-Zip: ST. AUGUSTINE, FL 32080

Title: F

 Name:
 GORDY, JOSEPH

 Address:
 400 HEALTH PARK BLVD

 City-St-Zip:
 ST. AUGUSTINE, FL 32086

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH GORDY PRES 01/04/2010