

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90062 017 \*\*\*\*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**

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

**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

**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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEXLEY, JERRY</b> <b>1700 DOBBS ROAD</b> <b>ST. AUGUSTINE FL 32086</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TUCKER, LEN</b> <b>147 SAN MARCO AVENUE</b> <b>ST AUGUSTINE FL 32084</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TAYLOR, TOM</b> <b>3070 HARBOUR DRIVE</b> <b>SAINT AUGUSTINE FL 32084</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANDERS, MICHAEL MD</b> <b>301 HEALTH PARK BLVD. S. 327</b> <b>SAINT AUGUSTINE FL 32086</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>INGRAM, DALE</b> <b>105 SOUTHPEAK BLVD</b> <b>ST AUGUSTINE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CONZEMIUS, JAMES D.</b> <b>400 HEALTH PARK BLVD</b> <b>ST. AUGUSTINE FL</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**D**  
**Brad Runk**  
**1985 Mizell Road**  
**St. Augustine, FL 32080**

CR2E037 (10/02)

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

**James D. Conzemius 1-10-03 (904) 825-4400**