

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90002 039 ****61.25

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DOCUMENT # N02596

1. Entity Name

FLAGLER HEALTH CARE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**400 HEALTH PARK BLVD
P.O. BOX 100
ST. AUGUSTINE FL 32086**

**400 HEALTH PARK BLVD
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

59-2440537

Applied For

Not Applicable

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	D <input checked="" type="checkbox"/> Delete
NAME	DUPREE MD, ROBERT
STREET ADDRESS	201 HEALTH PARK BLVD.
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	P <input type="checkbox"/> Delete
NAME	DILLINGHAM, ELMER
STREET ADDRESS	207 NORTH SAN MARCO AVE.
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	COSTERIA, JAMES
STREET ADDRESS	2820-A HWY U.S. 1 SOUTH
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084
TITLE	D <input type="checkbox"/> Delete
NAME	RUNK, BRAD
STREET ADDRESS	1985 MIZELL RD
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MIGNON, WILLIAM
STREET ADDRESS	10550 RAY ROAD
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095
TITLE	D <input type="checkbox"/> Delete
NAME	TUCKER, LEN
STREET ADDRESS	147 SAN MARCO AVE.
CITY-ST-ZIP	ST. AUGUSTINE FL

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reuben Plant, MD
STREET ADDRESS	84 Village Del Largo Circle
CITY-ST-ZIP	St. Augustine, Fl
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edwina Russell
STREET ADDRESS	207 Mason Manatee Way
CITY-ST-ZIP	St. Augustine, Fl
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Black
STREET ADDRESS	405 Nighthawk Lane
CITY-ST-ZIP	St. Augustine, Fl
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Boles
STREET ADDRESS	120 Charlotte Street
CITY-ST-ZIP	St. Augustine, Fl

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 OR DIRECTOR

1/4/00
Date

Daytime Phone #

CR2E037 (10/00)