

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-07-2002 90155 035 *****61.25

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

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 Delete
 NAME **D**
PLANT, REUBEN MD
 STREET ADDRESS **84 VILLAGE DEL LARGO CIRCLE**
 CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE Change Addition
 NAME **D**
Wayne George
 STREET ADDRESS **32 St. Augustine Boulevard**
 CITY-ST-ZIP **St. Augustine, Florida 32080**

TITLE Delete
 NAME **P**
DILLINGHAM, ELMER
 STREET ADDRESS **207 NORTH SAN MARCO AVE.**
 CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE Change Addition
 NAME **D**
Heidi Eddins
 STREET ADDRESS **1 Malaga Street**
 CITY-ST-ZIP **St. Augustine, Florida 32084**

TITLE Delete
 NAME **D**
RUSSELL, EDWINA
 STREET ADDRESS **207 MASON MANATEE WAY**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE Change Addition
 NAME **D**
Frank Riggle
 STREET ADDRESS **67 Dolphin Drive**
 CITY-ST-ZIP **St. Augustine, FL 32080**

TITLE Delete
 NAME **D**
RUNK, BRAD
 STREET ADDRESS **1985 MIZELL RD**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
BLACK, RICHARD
 STREET ADDRESS **405 WRIGHTHAWK LANE**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32095**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
BOLES, JOSEPH
 STREET ADDRESS **120 CHARLOTTE ST**
 CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE Change Addition
 NAME **Boles, Joseph**
 STREET ADDRESS **19 Riberia Street**
 CITY-ST-ZIP **St. Augustine, Florida 32084**

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: *James D. Conzemius*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

Date

825-4406
 (904) _____
 Daytime Phone #

CR2E037 (9/01)