

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02596

FILED
Jan 05, 2012
Secretary of State

Entity Name: FLAGLER HEALTH CARE FOUNDATION, INC.

Current Principal Place of Business:

400 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

400 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-2440537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: PLANT, REUBEN MD
Address: 84 VILLAGE DEL LARGO CIRCLE
City-St-Zip: ST. AUGUSTINE, FL

Title: D
Name: RANDALL, FREDERICK W
Address: 1 DONDANVILLE ROAD, UNIT 205
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D
Name: DIBELLA, MARGARET
Address: 135 CEDAR RIDGE CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D
Name: TUCKER, LEN
Address: 147 SAN MARCO AVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D
Name: MIGNON, WILLIAM
Address: 723 CAMILIA TRAIL
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D
Name: BAILEY, MARK
Address: 1200 PLANTATION ISLAND DRIVE, SUITE 210
City-St-Zip: SAINT AUGUSTINE, FL 32080

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

01/05/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date