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(Re	questor's Name)	
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PICK-UP		MAIL.
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



03/30/12--01018--004 **78.75





FLORIDA DEPARTMENT OF STATE Division of Corporations

April 2, 2012

PATRICK JOHNSON 301 DR CARTER BLVD BUNNELL, FL 32110

SUBJECT: FLAGLER COMMUNITY HEALTH CENTER, INC. Ref. Number: W12000018273

We have received your document for FLAGLER COMMUNITY HEALTH CENTER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Bylaws are not filed with this office.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 412A00010753

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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RECEIVED MAR 1 9 2012

SUBJECT: Flag	er Community Hea (proposed corporate	alth Center, Ir	IC. LUDE SUFFIX)		
Enclosed is an original	and one (1) copy of the Artic	les of Incorporation a	ind a check for :		
Filing Fee	\$78.75 Filing Fee & Certificate of Status	₽\$78.75 Filing Fee & Certified Copy	Filing Fce. Certified Cop & Certificate	у	
		ADDITIONAL	COPY REQUIRED		
FROM	Patrick Johnson				
	Name (Prin	ited or typed)	ـــــــــــــــــــــــــــــــــــــ	2012 APR 16	
	301 Dr. Carter Bly		АНА	APR	
	Ad	dress	ແລະ ເອັ	16	Since I
	Bunnell, FL, 3211	Э	لىـ لى نَ		[]]]
	City, St	ate & Zip		္ မ	
	386-437-7350 ext.	2231		ី ភី	
1 hours	301 Dr. Canetimodicie	phone number			
	patrick_johnson@)doh.state.fl.	us		
	E-mail address: (to be used for fu				<i></i>
			AA58	bas on) F
NO	FE: Please provide the orig	inal and one copy o	FCHD Depr of Health	A ROLL	DATE,
			1. GOODS/SVCS REC. 2. GOODS/SVCS INSP.		3/19/12
			& APPROVED 3 INVOICE RECEIVED		3/19/12
			ORGANIZATION CODE 64 39 18 30 400	E N	INDIR
			08JECT CODE 497030	CATEGORY	CONTRACT#
			Authorized Signature & Dat	Hiv	3/2/12

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

~ 1.1 0

	Principal street address		Mailing address, if different is:
	301 Dr. Carter Blvd.		······································
	Bunnell, FL 32110		
RTICLE III	PURPOSE		
e purpose for w	which the corporation is organized is:		
mary and prever	st comprehensive and accessible Health Care fon tative care regardless of their ability to pay and amily income and size.		
ce until the next annu- his prior resignation RTICLE V	shall consist of at least three directors. Each director shall be al meeting. Each director shall hold office until the expiration or removal. See Attached. INITIAL OFFICERS AND/OR DIRE	at least eighteen years of age. At e n of the term for which he was ele <u>CTORS</u>	tre elected and appointed: The corporation shall be managed each annual meeting of members the membership shall elect director ected and until his successor has been elected and shall have qualified
	itle:Patrick.Johnson	Name and Title:	
Address:	301 Dr. Carter Blvd		205 N. Center Ave
	Bunnell, FL 32110		Flagler Beach, FL 32136
Name and T	itle: Sally Sherman	Name and Title:	Walmir DeAguino
Address:	1769 East Moody Blvd, #2	Address:	60 Memorial Medical Pkwy
Bu	Bunnell, FL 32110		Palm Coast, FL 32164
Name and T	itle: Mia Gerber	Name and Title:	
Address:	414 S. Bacher St	Address:	
	Bunnell, FL 32110	<u></u>	
RTICLE VI		ble) of the registered agent	TALL 2012
Name:	Patrick Johnson	, <u> </u>	
Address:	301 Dr. Carter Blvd.		APR APR
	Bunnell, FL 32110		
RTICLE VII	INCORPORATOR		
e name and ad	dress of the Incorporator is:		(/··
Name:	Patrick Johnson		
Address:	301 Dr. Carter Blvd.		Se Se
	Bunnell, FL 32110		
		<u></u>	
wing been nan	ned as registered agent to accept service of	process for the above stu	ated corporation at the place designated in this
wing been nan rtificate, I am fa	ned as registered agent to accept service of uniliar with and accept the appointment as re	process for the above stu gistered agent and agree	to act in this capacity
wing been nan tificate, I am fa	ned as registered agent to accept service of miliar with and accept the appointment as re	process for the above sta gistered agent and agree	to act in this capacity 4/16/12

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a faird degree felony as provided for in s.817.155, F.S.

Date

メント Required Signature of Incorporator

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Attachment

Article IV Manner of Election

The corporation shall be managed by the board of directors which shall consist of at least three directors. Each director shall be at least eighteen years of age.

At each annual meeting of members that membership shall elect directors to hold office until the next annual meeting. Each director shall hold office until the expiration of the term for which he was elected and until his successor has been elected and shall have qualified, or until his prior resignation or removal.

2012 APR 16

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AHASSEE.