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FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000011755 (1)

1. Corporation Name

FLAGLER FAMILY MEDICINE, P.A.

Principal Place of Business

Mailing Address

301 HEALTHPARK BLVD SUITE 325
ST AUGUSTINE FL 32086

301 HEALTHPARK BLVD SUITE 325
ST AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1996

4. FEI Number

59-3423198

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 130 Health Park Blvd

Suite, Apt. #, etc.

City & State

23 St. Augustine FL

Zip

24 32086

Country

25 USA

2a. Mailing Address

26 130 Health Park Blvd.

Suite, Apt. #, etc.

City & State

28 St. Augustine FL

Zip

29 32086

Country

30 USA

9. Name and Address of Current Registered Agent

WHITLOCK, WARREN
301 HEALTHPARK BLVD SUITE 325
ST AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name

Warren Whitlock Jr. MD

82 Street Address (P.O. Box Number is Not Acceptable)

130 Health Park Blvd

83

84 City

St. Augustine

FL

85 Zip Code

32086

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
WHITLOCK, WARREN
301 HEALTHPARK BLVD SUITE 325
ST AUGUSTINE FL 32086

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DV
KRUEGER, LOTHAR
1690 US HIGHWAY 1 S
ST AUGUSTINE FL 32086

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DST
CLONCH, LINDA
1955 US HIGHWAY 1 S
ST AUGUSTINE FL 32086

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
GUNN, ANDREW J
1955 US HIGHWAY 1 S
ST AUGUSTINE FL 32086

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHALE, RAT R
1955 US HIGHWAY 1 S
ST AUGUSTINE FL 32086

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
130 Health Park Blvd.

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
130 Health Park Blvd.

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
130 Health Park Blvd.

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
130 Health Park Blvd.

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Schale, Ray R.
130 Health Park Blvd.

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

1/5/98 (904) 826-3469

CR2E034 (10/97)