

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000011755

**FILED**  
**Sep 16, 2010**  
**Secretary of State**

**Entity Name:** FLAGLER FAMILY MEDICINE, P.A.

**Current Principal Place of Business:**

130 HEALTH PARK BLVD.  
ST AUGUSTINE, FL 32086 US

**New Principal Place of Business:**

**Current Mailing Address:**

130 HEALTH PARK BLVD.  
ST AUGUSTINE, FL 32086 US

**New Mailing Address:**

**FEI Number:** 59-3423198

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITLOCK, WARREN  
130 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:** DP  
**Name:** WHITLOCK, WARREN O  
**Address:** 130 HEALTH PARK BLVD  
**City-St-Zip:** ST AUGUSTINE, FL 32086

**Title:** DV  
**Name:** BATENHORST, TODD J  
**Address:** 130 HEALTH PARK BLVD  
**City-St-Zip:** ST AUGUSTINE, FL 32086

**Title:** DST  
**Name:** CLONCH, LINDA S  
**Address:** 130 HEALTH PARK BLVD  
**City-St-Zip:** ST AUGUSTINE, FL 32086

**Title:** D  
**Name:** GUNN, ANDREW J  
**Address:** 130 HEALTH PARK BLVD  
**City-St-Zip:** ST AUGUSTINE, FL 32086

**Title:** D  
**Name:** ZUB, CHRISTOPHER J  
**Address:** 130 HEALTH PARK BLVD.  
**City-St-Zip:** ST. AUGUSTINE, FL 32086 US

**Title:** D  
**Name:** DOLGIN, FREDERICK J  
**Address:** 130 HEALTH PARK BLVD  
**City-St-Zip:** ST AUGUSTINE, FL 32086 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** WHITLOCK

DP

09/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date



P.001/001

**Filed 9/16/10**

September 16, 2010

Attn: Kathy Ashton  
Fax 850-245-6017

State of Florida,

Please add an additional director to our corporation document number **P96000011755**. See director information below. I have already e-filed an amendment (confirmation number 500185530455). Please feel free to contact me if you have any questions or concerns.

Title: D

Name: Michael J. Look

Address: 130 Health Park Blvd

St. Augustine, FL 32086

Phone: (904) 826-3469

Fax: (904) 808-4608

Truly,



Warren O. Whitlock

**Flagler Family Medicine, PA**

Todd Batenhorst, MD • Linda Clonch, MD • Frederick Dolgin, MD • Andrew Gunn, MD • Warren Whitlock, MD •  
Christopher Zub, DO • Michael Look, DO • Lisa Salt, PA

**[www.flaglerfamilymedicine.com](http://www.flaglerfamilymedicine.com)**

**St Augustine**

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St Augustine, FL 32086  
PH: (904) 826-3469  
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**East Palatka**

199 Highway 17 South Suite 101  
East Palatka, FL 32131  
PH: (386) 325-5232  
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