2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 15, 2012
Secretary of State

DOCUMENT# P96000011755

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: WARREN WHITLOCK DP 02/15/2012

Electronic Signature of Signing Officer or Director Date

FLAGLER FAMILY
MEDICINE & WELLNESS

P96-11755
2/15/12

February 15, 2012

RE: Add Director

Division of Corporations
Attn: Annual Reports
PO Box 6327
Tallahassee, FL 32314

Please add the following director to our annual report:
Entity Name: Flagler Family Medicine, PA
Document Number: P96000011755
Name: Carlos M. Sanchez, MD
Title: Director
Address: 130 Health Park Blvd St Augustine, FL 32086
Phone: 904-826-3469

Best regards,

Warren O Whitlock, MD

Flagler Family Medicine, PA
Todd Batenhorst, MD • Linda Clonch, MD • Frederick Dolgin, MD • Andrew Guan, MD • Carlos Sanchez ,MD
Warren Whitlock, MD • Christopher Zub, DO •Michael Look, DO • Lisa Salt, PA
www.flaglerfamilymedicine.com

St Augustine	**St Augustine**	**East Palatka**
130 Health Park Blvd	52 Tuscan Way Suite 205	199 Highway 17 South Suite 101
St Augustine, FL 32086	St Augustine, FL 32092	East Palatka, FL 32131
PH: (904)826-3469	PH: (904)826-3469	PH: (386) 325-5232
FX: (904) 808-4608	FX: (904) 808-4608	FX: (904) 808-4608