2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2024
Secretary of State
9201501708CC

DOCUMENT# 700950

Entity Name: FLAGLER HOSPITAL, INC.

Current Principal Place of Business:

400 HEALTH PARK BLVD.
ST. AUGUSTINE, FL 32086

Current Mailing Address:

ATTN: LEGAL DEPARTMENT
100 WHETSTONE PLACE SUITE 203
ST. AUGUSTINE, FL 32086 US

FEI Number: 59-0675143

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCOTT, CAROLYN
100 WHETSTONE PLACE
SUITE 203
ST AUGUSTINE, FL 32086 US

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: CAROLYN SCOTT 04/12/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CHAIRMAN
Name	KAMIENSKI, CHRIS
Address	400 HEALTH PARK BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	EX OFFICIO
Name	DEVOOGHT, CARLTON
Address	400 HEALTH PARK BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	DIRECTOR
Name	KELLY, JIM
Address	400 HEALTH PARK BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	DIRECTOR
Name	NELSON, DAVID DR.
Address	400 HEALTH PARK BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	DIRECTOR
Name	MATUZA, RAY
Address	400 HEALTH PARK BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	VC
Name	MOREY, TIMOTHY DR.
Address	400 HEALTH PARK BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	SECRETARY
Name	YOUNG, WILLIAM
Address	400 HEALTH PARK BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	TREASURER
Name	THORNTON, ROBERT WILLIAM
Address	400 HEALTH PARK BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32086

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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: CARLTON DEVOOGHT EX OFFICIO 04/12/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	PONDER STANSEL, SUSAN
Address	400 HEALTH PARK BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32086