2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2015
Secretary of State
CC4628665619

DOCUMENT# 700950

Entity Name: FLAGLER HOSPITAL, INC.

Current Principal Place of Business:

400 HEALTH PARK BLVD.
ST. AUGUSTINE, FL 32086

Current Mailing Address:

400 HEALTH PARK BLVD.
ST. AUGUSTINE, FL 32086

FEI Number: 59-0675143

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOSEPH GORDY
400 HEALTH PARK BLVD.
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D
Name	BAKER, MATT
Address	400 HEALTH PARK BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	P
Name	JOSEPH GORDY
Address	400 HEALTH PK BLVD
City-State-Zip:	ST AUGUSTINE FL 32086

Title	D
Name	YARIAN, SUSAN
Address	400 HEALTH PARK BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	D
Name	RUNK, BRAD
Address	400 HEALTH PARK BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	D
Name	TODD, BATENHORST
Address	130 HEALTH PARK BOULEVARD
City-State-Zip:	SAINT AUGUSTINE FL 32086

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

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

Title	D
Name	ABARE, 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: JOSEPH GORDY PRESIDENT 01/12/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	D
Name	AVERY-SMITH, ELLEN
Address	400 HEALTH PARK BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	D
Name	NEVILLE, TODD
Address	400 HEALTH PARK BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	D
Name	TAYLOR, KAREN
Address	400 HEALTH PARK BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	D
Name	SOROKA, STUART DR.
Address	400 HEALTH PARK BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	D
Name	KAMM, JEFF
Address	400 HEALTH PARK BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	D
Name	TUTAR, ALI DR.
Address	400 HEALTH PARK BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	D
Name	TUCKER, LEN
Address	400 HEALTH PARK BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32086