

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

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

Title D
Name STANSEL, SUSAN
Address 400 HEALTH PARK 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 KOPF, WILLIAM
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 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****01/24/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name MATUZA, RAY
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 GRIMES, JAMES 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

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