

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT# N02349

Jan 08, 2013

Entity Name: FLAGLER HEALTH CARE SYSTEM, INC.

Secretary of State

CC2561551877

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: 59-2440535

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GORDY, JOSEPH
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 ABARE, WILLIAM
Address 75 KING STREET
City-State-Zip: ST. AUGUSTINE FL 32084

Title D
Name MATHIS, JANE
Address 116 FIDDLER CRAB LANE
City-State-Zip: ST AUGUSTINE FL 32080

Title D
Name BAKER, MATT
Address 61 CORDOVA STREET
City-State-Zip: SAINT AUGUSTINE FL 32084

Title D
Name GIBSON, GREG MD
Address 301 HEALTH PARK BLVD. S. 322
City-State-Zip: SAINT AUGUSTINE FL 32086

Title D
Name MCCLURE, GEORGE
Address 81 KING STREET, SUITE A
City-State-Zip: ST. AUGUSTINE FL 32084

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

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

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

Continues on page 2

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

01/08/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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