

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02596

**Entity Name:** FLAGLER HEALTH CARE FOUNDATION, 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:** 59-2440537

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HURLEY, JEFFREY  
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 BAILEY, MARK  
Address 1200 PLANTATION ISLAND DRIVE,  
SUITE 210  
City-State-Zip: SAINT AUGUSTINE FL 32080

Title D  
Name MATUZA, RAY  
Address 181 INLET DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32084

Title D  
Name BOLES, JANE  
Address 401 ARREDONDO AVENUE  
City-State-Zip: ST. AUGUSTINE FL 32086

Title SECRETARY  
Name BROWN, SUZANNE  
Address 3570 HIGHWAY A1A SOUTH  
City-State-Zip: ST. AUGUSTINE FL 32086

Title CHAIRMAN  
Name COOPER, BRAD  
Address 165 INLET DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32084

Title VC  
Name DIFEO, ANDREW  
Address 2898 US HWY 1 S  
City-State-Zip: ST. AUGUSTINE FL 32086

Title D  
Name KAUTTU, MELISSA  
Address 1510 NORTH PONCE DE LEON  
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR  
Name GROBMAN, MICHELLE  
Address 273 FIDDLERS POINT DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32084

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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:** MARSH, MURRAY S., JR

**TREASURER**

**01/23/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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

Title TREASURER  
Name MARSH, MURRAY S JR.  
Address 400 HEALTH PARK BLVD  
City-State-Zip: ST. AUGUSTINE FL 32086