

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02596

FILED
Jan 09, 2014
Secretary of State
CC2034101558

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

FEI Number: 59-2440537

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GORDY, JOSEPH PRES
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 PLANT, REUBEN MD
Address 84 VILLAGE DEL LARGO CIRCLE
City-State-Zip: ST. AUGUSTINE FL

Title D
Name RANDALL, FREDERICK W
Address 1 DONDANVILLE ROAD, UNIT 205
City-State-Zip: SAINT AUGUSTINE FL 32080

Title D
Name DIBELLA, MARGARET
Address 135 CEDAR RIDGE CIRCLE
City-State-Zip: ST. AUGUSTINE FL 32080

Title D
Name TUCKER, LEN
Address 147 SAN MARCO AVE
City-State-Zip: SAINT AUGUSTINE FL 32084

Title D
Name MIGNON, WILLIAM
Address 723 CAMILIA TRAIL
City-State-Zip: SAINT AUGUSTINE FL 32086

Title D
Name BAILEY, MARK
Address 1200 PLANTATION ISLAND DRIVE,
SUITE 210
City-State-Zip: SAINT AUGUSTINE FL 32080

Title D
Name O'CONNELL, PATRICIA
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

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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

01/09/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name DAVIS, MICHAEL
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 BURKHARDT, CATHERINE
Address 400 HEALTH PARK BOULEVARD
City-State-Zip: ST. AUGUSTINE FL 32086

Title D
Name COOMES, J. B.
Address 400 HEALTH PARK BLVD
City-State-Zip: ST. AUGUSTINE FL 32086

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