

**2024 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:**

SCOTT, CAROLYN  
100 WHETSTONE PLACE  
SUITE 203  
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:** CAROLYN SCOTT

04/12/2024

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

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

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

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

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

Title DIRECTOR, CHAIRMAN  
Name OXFORD, GREGORY DR.  
Address 333 FIDDLERS POINT DR  
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR  
Name HELWIG, VIV  
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:** CARLTON DEVOOGHT

PRESIDENT

04/12/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title CFO  
Name THORNTON, ROBERT WILLIAM  
Address 400 HEALTH PARK BLVD  
City-State-Zip: ST. AUGUSTINE FL 32086