

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02596

**FILED**  
**Jan 08, 2013**  
**Secretary of State**  
**CC6345181195**

**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**

**01/08/2013**

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 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