2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2022
Secretary of State
8394378573CC

DOCUMENT# P16000081810

Entity Name: FLAGLER PROFESSIONAL HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

400 HEALTH PARK BLVD.
SAINT AUGUSTINE, FL 32086

Current Mailing Address:

400 HEALTH PARK BLVD.
SAINT AUGUSTINE, FL 32086 US

FEI Number: 36-4860252

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CANTRELL, VICKI
400 HEALTH PARK BLVD.
SAINT 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: VICKI CANTRELL 04/26/2022

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR, SECRETARY
Name	FRANKS, JOHN
Address	400 HEALTH PARK BLVD.
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	DIRECTOR
Name	JOHNSON, VINCENT
Address	400 HEALTH PARK BLVD.
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	DIRECTOR
Name	BRADY, KAYLAN DR.
Address	400 HEALTH PARK BLVD.
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	DIRECTOR
Name	MOON, MARK DR.
Address	400 HEALTH PARK BLVD.
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	DIRECTOR
Name	BATENHORST, TODD J DR.
Address	400 HEALTH PARK BLVD.
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	DIRECTOR
Name	GAY, DAVID DR.
Address	400 HEALTH PARK BLVD.
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	DIRECTOR
Name	MAREMA, ROBERT DR.
Address	400 HEALTH PARK BLVD.
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	DIRECTOR, PRESIDENT
Name	DEVOOGHT, CARLTON
Address	400 HEALTH PARK BLVD.
City-State-Zip:	SAINT 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARLTON DEVOOGHT DIRECTOR 04/26/2022

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	RICE, DAVID DR.
Address	400 HEALTH PARK BLVD.
City-State-Zip:	SAINT AUGUSTINE FL 32086