

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000081810

Entity Name: FLAGLER PROFESSIONAL HEALTH CARE SERVICE, 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:

GORDY, JOSEPH
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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name GORDY, JOSEPH S
Address 400 HEALTH PARK BLVD.
City-State-Zip: SAINT AUGUSTINE FL 32086

Title S
Name SOROKA, STUART DR.
Address 400 HEALTH PARK BLVD.
City-State-Zip: SAINT AUGUSTINE FL 32086

Title DIR
Name TUCKER, LEN
Address 400 HEALTH PARK BLVD.
City-State-Zip: SAINT AUGUSTINE FL 32086

Title DIR
Name BAKER, MATT
Address 400 HEALTH PARK BLVD.
City-State-Zip: SAINT AUGUSTINE FL 32086

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: JOSEPH GORDY

PRESIDENT

03/03/2017

Electronic Signature of Signing Officer/Director Detail

Date