

**2018 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

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:**

HURLEY, JEFF  
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           DIRECTOR, PRESIDENT  
Name           BARRETT, JASON  
Address        400 HEALTH PARK BLVD.  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title           DIRECTOR  
Name           MARSH, MURRAY S  
Address        400 HEALTH PARK BLVD.  
City-State-Zip: SAINT AUGUSTINE FL 32086

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

Title           DIRECTOR  
Name           MACHADO, MIGUEL DR.  
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: JASON BARRETT**

**PRESIDENT**

**04/09/2018**

Electronic Signature of Signing Officer/Director Detail

Date