

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000081810

**FILED**  
**Mar 01, 2021**  
**Secretary of State**  
**3615089621CC**

**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

03/01/2021

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, 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

Title DIRECTOR  
Name BATENHORST, TODD J DR.  
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 GAY, DAVID DR.  
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 MAREMA, ROBERT DR.  
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:** JASON BARRETT

PRESIDENT

03/01/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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