**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 10, 2023**
**Secretary of State**
**9843659344CC**

DOCUMENT# L17000108402

**Entity Name:** FLAGLER HEALTH NETWORK, LLC

**Current Principal Place of Business:**

400 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

400 HEALTH PARK BLVD
ST. AUGUSTINE, FL 32086 US

**FEI Number: 82-1579477**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BERRY, JILL
100 WHETSTONE PLACE
SUITE 203
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: JILL BERRY 03/10/2023

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGR, PRESIDENT |
| Name | DE VOOGHT, CARLTON |
| Address | 400 HEALTH PARK BLVD |
| City-State-Zip: | ST. AUGUSTINE FL 32086 |

| | |
|---|---|
| Title | MANAGER |
| Name | METCALF, ANGELICA |
| Address | 400 HEALTH PARK BLVD |
| City-State-Zip: | ST. AUGUSTINE FL 32086 |

| | |
|---|---|
| Title | MANAGER |
| Name | FRANKS, JOHN |
| Address | 400 HEALTH PARK BLVD |
| City-State-Zip: | ST. AUGUSTINE FL 32086 |

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

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|---|---|
| Title | MANAGER |
| Name | BERRY, JILL |
| Address | 400 HEALTH PARK BLVD |
| City-State-Zip: | ST. 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: CARLTON DEVOOGHT PRESIDENT 03/10/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date