2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 09, 2018
Secretary of State
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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:

HURLEY, JEFF
400 HEALTH PARK BLVD
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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER, PRESIDENT
Name	BARRETT, JASON
Address	400 HEALTH PARK BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32086

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

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

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

Title	MGR
Name	HURLEY, JEFF
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: JASON BARRETT PRESIDENT 04/09/2018

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