

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000108412

**FILED**  
**Jan 22, 2019**  
**Secretary of State**  
**1916558036CC**

**Entity Name:** FLAGLER HEALTH ENTERPRISE, 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:** 82-1588529

**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 MGR  
Name BARRETT, JASON  
Address 400 HEALTH PARK BLVD  
City-State-Zip: ST. AUGUSTINE FL 32086

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

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

Title MANAGER  
Name DEVOOGHT, CARLTON  
Address 400 HEALTH PARK BLVD  
City-State-Zip: ST. AUGUSTINE FL 32086

Title MANAGER  
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 & CHIEF  
EXECUTIVE OFFICER**

**01/22/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date