

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

Mar 07 1996 8:00 am

Secretary of State

DOCUMENT # 726395

(7)

1. Corporation Name

JUPITER MEDICAL CENTER, INC.

Principal Place of Business

1210 SOUTH OLD DIXIE HWY.
POST OFFICE DRAWER 997
JUPITER FL 33468

Mailing Address

1210 SOUTH OLD DIXIE HWY.
POST OFFICE DRAWER 997
JUPITER FL 33468

3. Date Incorporated or Qualified

05/11/1973

3a. Date of Last Report

02/06/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1460239

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

STRAWN, JOEL T.
54 NE FOURTH AVE.
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

AS
MAYER, DONALD A.
1210 S. OLD DIXIE HWY.
JUPITER FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
MCDONNELL, BERNARD
6452 FOX RUN CIR
JUPITER FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
MURRAY, THOMAS, C
143 FAIRVIEW WEST
TEQUESTA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CD
PROUT, WILLIAM
34 N BEACH RD
HOBE SOUND FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
GOCKE, THOMAS, M, MD
210 JUPITER LKS BLVD
JUPITER FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
GROGAN, ROBERT E.
1210 S. OLD DIXIE HWY.
JUPITER FL

☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Treasurer
McDonnell, Bernard
6452 Fox Run Circle
Jupiter, FL

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

SD
Mergenthaler, Dean D. - M.D.
1210 South Old Dixie Hwy.
Jupiter, FL

☒ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Chairman, Director
Thomas E. Lipin, M.D.
1210 South Old Dixie Hwy.
Jupiter, FL

☒ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

President, Director
Prout, William W.
34 N. Beach Rd.
Jupiter, FL

☒ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)