FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Feb 05 1997 8:00 am
Secretary of State

DOCUMENT # 726395 (7)

1. Corporation Name

JUPITER MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
1210 SOUTH OLD DIXIE HWY. POST OFFICE DRAWER 997 JUPITER FL 33468	1210 SOUTH OLD DIXIE HWY. POST OFFICE DRAWER 997 JUPITER FL 33468-0997

3. Date Incorporated or Qualified: 05/11/1973
3a. Date of Last Report: 03/07/1996

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MAYER, DONALD A.		1.2 NAME	
STREET ADDRESS	1210 S. OLD DIXIE HWY.		1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCDONNELL, BERNARD		2.2 NAME	
STREET ADDRESS	6452 FOX RUN CIR		2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MERGENTHALER, DEAN D MD		3.2 NAME	
STREET ADDRESS	1210 SOUTH OLD DIXIE HWY		3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL		3.4. CITY-ST-ZIP	
TITLE	CD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LIPIN, THOMAS E MD		4.2 NAME	
STREET ADDRESS	1210 SOUTH OLD DIXIE HWY		4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL		4.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PROUT, WILLIAM W		5.2 NAME	
STREET ADDRESS	34 NORTH BEACH ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Donald Mayer 1/9/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone # 0044188