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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

3. Date Incorporated or Qualified: 05/11/1973

4. FEI Number: 59-1460239 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	AS	☒ Change ☐ Addition
NAME	MAYER, DONALD A.		1.2 NAME	RANSDELL, HART	
STREET ADDRESS	1210 S. OLD DIXIE HWY.		1.3 STREET ADDRESS	1210 S. Old Dixie Highway	
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	T	☒ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	MCDONNELL, BERNARD		2.2 NAME	Robert C. Tyo	
STREET ADDRESS	6452 FOX RUN CIR		2.3 STREET ADDRESS	21 Turtle Creek Dr. - Apt. E	
CITY-ST-ZIP	JUPITER FL		2.4 CITY-ST-ZIP	Tequesta, FL 33469-1520	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	MERGENTHALER, DEAN D MD		3.2 NAME	James C. Coyne, D.M.D.	
STREET ADDRESS	1210 SOUTH OLD DIXIE HWY		3.3 STREET ADDRESS	24 North Loxahatchee Dr.	
CITY-ST-ZIP	JUPITER FL		3.4 CITY-ST-ZIP	Jupiter, FL 33458	
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	PD	☒ Change ☐ Addition
NAME	PROUT, WILLIAM W		5.2 NAME	Jane P. Sandstrom	
STREET ADDRESS	34 NORTH BEACH ROAD		5.3 STREET ADDRESS	18384 Lost Lake Way	
CITY-ST-ZIP	JUPITER FL		5.4 CITY-ST-ZIP	Jupiter, Florida 33458	
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 (10/97)

14. I 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: Hart Ransdell Hart Ransdell April 2, 1998 (561) 747-2234