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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726395

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/11/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1460239 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	RANSDELL, HART		1.2 NAME		
STREET ADDRESS	1210 S OLD DIXIE HWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TYO, ROBERT C		2.2 NAME		
STREET ADDRESS	21 TURTLE CREEK DR APT E		2.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL 33469-1520		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	Secretary/Director	☒ Change ☐ Addition
NAME	COYNE MD, JAMES C		3.2 NAME	Steven L. Schnell, M.D.	
STREET ADDRESS	24 N LOXAHTCHEE DR		3.3 STREET ADDRESS	210 Jupiter Lakes Blvd, S-104, Bldg. 3000	
CITY-ST-ZIP	JUPITER FL 33458		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	President/Director	☐ Change ☒ Addition
NAME	SANDSTROM, JANE P		5.2 NAME	Chief Richard J. Westgate	
STREET ADDRESS	18384 LOST LAKE WAY		5.3 STREET ADDRESS	210 Military Trail	
CITY-ST-ZIP	JUPITER FL 33458		5.4 CITY-ST-ZIP	Jupiter, FL 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 (11/98)

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, with all other like empowered.

SIGNATURE: Richard Ramsdell SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 2/17/99 Date — (561) 747-2234 Daytime Phone #