PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 27 PM 1:55

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT OJ

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/11/1973

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

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
AS	~~RANSDELL, HART~~ BARRY, R. MICHAEL	1210 S OLD DIXIE HWY	JUPITER FL 33458
TD	~~TYO, ROBERT C~~ GODOWN, S. BARRIE	~~21 TURTLE CREEK DR APT E~~ 1061 EAST INDIANTOWN	~~TEQUESTA FL 33469~~ JUPITER, FL 33477
SD	SCHNELL, STEVEN L M.D.	210 JUPITER LAKES BLVD. #S-104 B	JUPITER FL 33458
CD	LIPIN, THOMAS E MD	1210 SOUTH OLD DIXIE HWY	JUPITER FL
~~PD~~ VD	~~WESTGATE, RICHARD J CHIEF~~ SANDSTROM, JANE P.	~~210 MILITARY TRAIL~~ 18384 LOST LAKE WAY	JUPITER FL 33458
ATD	WRIGHT, GARY R.	11992 SE TIFFANY WAY	TEQUESTA, FL 33469

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
STRAWN, JOEL T. 54 NE FOURTH AVE. DELRAY BEACH FL 33483	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State / Zip Code

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****236.25 ****236.25

CR2E040 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date: 10/23/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Gary R Wright SIGNATURE REQUIRED 10/12/00 (561) 747-2021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #