2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90021 029 ****61.25

DOCUMENT # 726395

1. Entity Name
JUPITER MEDICAL CENTER, INC.

54025272

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

02262004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. 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) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS BARRY, R. MICHAEL 1210 S OLD DIXIE HWY JUPITER, FL 33458	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT COYNE, JAMES H DMD 24 N LOXAHATCHEE DR JUPITER, FL 33458	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST PAO, LINDA MD 2055 MILITARY TRAIL #306 JUPITER, FL 33458	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Jane P. Sandstrom, CFP 390 Tequesta Dr., S-C Tequesta, Florida 33469	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT BERROCAL, CARLOS J ESQ 801 MAPLEWOOD DR S22A JUPITER, FL 33458	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MCCLAIN, GARY N MD 2141 ALT A1A SOUTH JUPITER, FL 33477	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT Steven L.Schnell, M.D. 210 Jupiter Lakes Blvd. - B-3000, S104 Jupiter, Florida 33458	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD WRIGHT, GARY R 11992 SW TIFFANY WAY TEQUESTA, FL 33469	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary A. Wright Ass't Treasurer 2/27/04 (561) 747-2234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #