2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State
01-11-2005 90012 026 ****61.25

DOCUMENT # 726395

1. Entity Name
JUPITER MEDICAL CENTER, INC.

50001474

01042005 Chg-NP CR2E037 (10/03)

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

Filing Fee is $61.25
Due by May 1, 2005

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	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/T Philip Weintraub 104 Monterey Point Dr. Palm Beach Gardens, FL 33418	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SANDSTROM, JANE P CFP 390 TEQUESTA DR., S-C TEQUESTA, FL 33469	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T Irma V. Lopez, M.D. 496 Flamingo Point North Jupiter, FL 33458	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT BERROCAL, CARLOS J ESQ 801 MAPLEWOOD DR S22A JUPITER, FL 33458	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/T Ian W. Robinson 10555 S.E. Terrapin Place, F-205 Tequesta, FL 33469	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT SCHNELL, STEVEN L M.D. 210 JUPITER LAKES BLVD.- B-3000, S104 JUPITER, FL 33458	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T James H. Coyne, D.M.D. 24 N. Loxahatchee Dr. Jupiter, FL 33458	XX 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	AT	XX 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 R. Wright Gary R. Wright January 4, 2005 (561) 747-2021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #