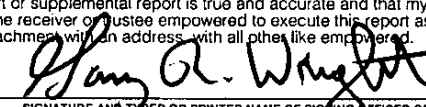


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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.					
Principal Place of Business 1210 SOUTH OLD DIXIE HWY. POST OFFICE DRAWER 997 JUPITER, FL 33468			Mailing Address 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		4. FEI Number 59-1460239	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRAWN, JOEL T 54 NE FOURTH AVE. DELRAY BEACH, FL 33483				7. Name and Address of New Registered Agent 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, 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 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/T Philip Weintraub 104 Monterey Point Dr. Palm Beach Gardens, FL 33418 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SANDSTROM, JANE P CFP 390 TEQUESTA DR., S-C TEQUESTA, FL 33469 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Irma V. Lopez, M.D. 496 Flamingo Point North Jupiter, FL 33458 ☒ 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	C/T Ian W. Robinson 10555 S/E. Terrapin Place, F-205 Tequesta, FL 33469 ☒ 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 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T James H. Coyne, D.M.D. 24 N. Loxahatchee Dr. Jupiter, FL 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	AT ☒ 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 employed.					
SIGNATURE: 			Gary R. Wright		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date January 4, 2005		
			Daytime Phone # (561) 747-2021		