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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 JAN 11 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726395

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01/17/07--01028--005 **236.25

1. Corporation Name

Jupiter Medical Center, Inc.

CR2E081 (12/05)

2. Principal Office Address	**3.** Mailing Office Address
1210 S. Old Dixie Highway	1210 S. Old Dixie Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Jupiter, FL	Jupiter, FL
Zip 33458 Country US	Zip 33458 Country US

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. Name and Address of Current Registered Agent

Name: Timothy E. Monaghan

Street Address (P.O. Box Number is Not Acceptable): 54 N.E. Fourth Avenue

Suite, Apt. #, Etc.:

City: Delray Beach, FL 33483 State: FL Zip Code: 33483

REINSTATEMENT 01

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 01/08/2007
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/T	Ian W. Robinson	10555 S.E. Terrapin Place, F-205	Jupiter, FL 33469
VC/T	James H. Coyne, D.M.D.	24 N.Loxahatchee Drive	Jupiter, FL 33458
S/T	Irma V. Lopez, M.D.	496 Flamingo Point North	Jupiter, FL 33458
T	Phillip Weintraub	104 Monterey Point Drive	Palm Beach Gardens, FL 33418
	SEE CONTINUATION SHEET	ATTACHED HERETO	

10. 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 contained in Chapter 119, 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: _____ 01/08/2007 561-744-4493

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

IAN W. ROBINSON, TRUSTEE

CONTINUATION SHEET

CORPORATION REINSTATEMENT

JUPITER MEDICAL CENTER, INC.
DOCUMENT #726395

9. Names and Street Addresses of Each Officer and/or Director (FL nonprofit corporations must have at least three (3) directors)

Title	Name of Officers and/or Directors	Street Address	City/State/Zip
T	Sally M. Boylan	1210 S. Old Dixie Highway	Jupiter, FL 33458
T	Ernest L. Cantelmo	1210 S. Old Dixie Highway	Jupiter, FL 33458
T	Sidney D. Carter	1210 S. Old Dixie Highway	Jupiter, FL 33458
T	Thomas D. Cole	1210 S. Old Dixie Highway	Jupiter, FL 33458
T	Mark L. Corry, M.D.	1210 S. Old Dixie Highway	Jupiter, FL 33458
T	Harriet Gelles	1210 S. Old Dixie Highway	Jupiter, FL 33458
T	S. Barrie Godown, CPA	1061 E. Indiantown Road	Jupiter, FL 33472
T	Chester J. Maxson, M.D.	1002 S. Old Dixie Highway	Jupiter, FL 33458
T	Linda M. Pao, M.D.	1210 S. Old Dixie Highway	Jupiter, FL 33458
T	Thomas R. Rowe, M.D.	875 Military Trail	Jupiter, FL 33458
T	Jane P. Sandstrom, CFP	1210 S. Old Dixie Highway	Jupiter, FL 33458