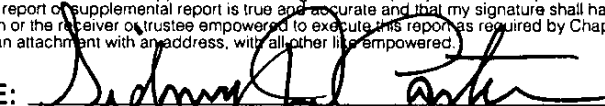


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90078 015 ****61.25

DOCUMENT # 726395 1. Entity Name JUPITER MEDICAL CENTER, INC.					
Principal Place of Business 1210 S. OLD DIXIE HIGHWAY JUPITER, FL 33458 US				Mailing Address 1210 S. OLD DIXIE HIGHWAY JUPITER, FL 33458 US	
2. Principal Place of Business - No P.O. Box #		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		
MONAGHAN, TIMOTHY E 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, 2007		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	CT ROBINSON, IAN W 10555 S.E. TERRAPIN PLACE, F-205 JUPITER, FL 33469 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CT Sidney D. Carter 1210 South Old Dixie Hwy. Jupiter, FL 33458 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCT COYNE, JAMES H D.M.D. 24 N LOXAHATCHEE DRIVE JUPITER, FL 33458 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T James H. Coyne, DMD 1210 South Old Dixie Hwy. Jupiter, FL 33458 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LOPEZ, IRMA V M.D. 496 FLAMINGO POINT NORTH JUPITER, FL 33458 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCT Mark L. Corry, MD 1210 South Old Dixie Hwy. Jupiter, FL 33458 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WEINTRAUB, PHILLIP 104 MONTEREY POINT DRIVE PALM BEACH GARDENS, FL 33418 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BOYLAN, SALLY M 1210 S. OLD DIXIE HIGHWAY JUPITER, FL 33458 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TT S. Barrie Godown 1210 South Old Dixie Hwy. Jupiter, FL 33458 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CANTELMO, ERNEST L 1210 S. OLD DIXIE HIGHWAY JUPITER, FL 33458 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Ernest L. Cantelmo 1210 South Old Dixie Hwy. Jupiter, FL 33458 ☒ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			February 9, 2007 Date Daytime Phone #		

40013812



02052007 Chg-NP CR2E037 (12/06)