2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State
02-12-2007 90078 015 ****61.25

40013812

DOCUMENT # 726395

1. Entity Name
JUPITER MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
1210 S. OLD DIXIE HIGHWAY JUPITER, FL 33458 US	1210 S. OLD DIXIE HIGHWAY JUPITER, FL 33458 US

02052007 Chg-NP CR2E037 (12/06)

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