2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State
05-14-2003 90143 043 ****61.25

DOCUMENT # 726395

1. Entity Name
JUPITER MEDICAL CENTER, INC.

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

☐ CHECK HERE IF MAKING CHANGES

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

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

FILE NOW: FEE IS $61.25

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	TD MURRAY, JAMES 98 GOLFVIEW DR TEQUESTA FL 33469	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer/Trustee James H. Coyne, DMD 24 N. Loxahatchee Dr. Jupiter, FL 33458	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOYLAN, SALLY M 210 MILITARY TRAIL JUPITER FL 33458	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Trustee Linda Pao, M.D. 2055 Military Trail, #306 Jupiter, FL 33458	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD CAMPBELL, WILLIAM E 243 RIVER DRIVE TEQUESTA FL 33469	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman/Trustee Carlos J. Berrocal, Esq. 801 Maplewood Drive, S-22-A Jupiter, FL 33458	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MCCLAIN, GARY N MD 2141 ALT A1A SOUTH JUPITER FL 33477	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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		☐ Change ☐ Addition

CR2E037 (10/02)

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: Signature Required 5/9/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #