
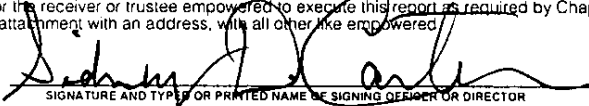


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90020 018 ****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		Country		4. FEI Number 59-1460239	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MONAGHAN, TIMOTHY E 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	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 CARTER, SIDNEY D 1210 SOUTH OLD DIXIE HWY JUPITER, FL 33458	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Marcelle Bertrand, MD. 1210 South Old Dixie Highway Jupiter, FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COYNE, JAMES H 1210 SOUTH OLD DIXIE HWY JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T R. Neill Borland, MD 1210 South Old Dixie Highway Jupiter, FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCT CORRY, MARK MD 1210 SOUTH OLD DIXIE HWY JUPITER, FL 33458	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Douglas Brown 1210 South Old Dixie Hwy., Jupiter, FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WEINTRAUB, PHILLIP 104 MONTEREY POINT DRIVE PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Thomas D. Cole 1210 South Old Dixie Hwy., Jupiter, FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TT GODOWN, BARRIE S 1210 SOUTH OLD DIXIE HWY JUPITER, FL 33458	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Edgar Covarrubias, MD 1210 South Old Dixie Hwy., Jupiter, FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CANTELMO, ERNEST L 1210 SOUTH OLD DIXIE HWY JUPITER, FL 33458	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Karen Golonka 1210 South Old Dixie Hwy., Jupiter, FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

ATTACHMENT

40014744

JUPITER MEDICAL CENTER, INC.

1210 South Old Dixie Highway

Jupiter, Florida 33458

ATTACHMENT TO DOCUMENT # 726395

#11	Additions to Officers and Directors
T	Chester J. Maxson, MD 1210 South Old Dixie Highway Jupiter, FL 33458
T	Anita Seidemann 1210 South Old Dixie Highway Jupiter, FL 33458
T	William Snyder 1210 South Old Dixie Highway Jupiter, FL 33458
T	Joseph R. Taddeo 1210 South Old Dixie Highway Jupiter, FL 33458
T	James Varnell, MD 1210 South Old Dixie Highway Jupiter, FL 33458
AS	Paul Dell Uomo 1210 South Old Dixie Highway Jupiter, FL 33458
AT	Stephen J. Grigsby 1210 South Old Dixie Highway Jupiter, FL 33458