

726395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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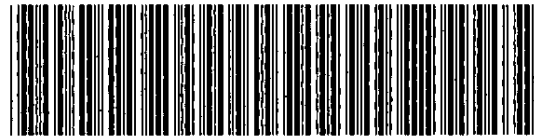
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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RA/RO/chg
@ 7/2/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jupiter Medical Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 726395

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Dell Uomo, President & CEO
(Name of Contact Person)

Jupiter Medical Center, Inc.
(Firm/Company)

1210 South Old Dixie Highway
(Address)

Jupiter, FL 33458-7299
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen J. Grigsby, CFO at (561) 747-2021
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2008

JUPITER MEDICAL CENTER
1210 SOUTH OLD DIXIE HWY
JUPITER, FL 33458

SUBJECT: JUPITER MEDICAL CENTER, INC.
Ref. Number: 726395

We have received your document for JUPITER MEDICAL CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 008A00037071

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Jupiter Medical Center, Inc.
2. The principal office address: 1210 South Old Dixie Highway, Jupiter, FL 33458-7299
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 1974 Document number: 726395
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Timothy E. Monaghan, ESQ.

54 N.E. Fourth Avenue

Delray Beach, FL 33483

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Stephen J. Grigsby

1210 South Old Dixie Highway

(P.O. Box NOT acceptable)

Jupiter, FL 33458-7299

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Paul Dell Uomo, Assistant Secretary
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

6-27-2008
(Date)

If signing on behalf of an entity:

Jupiter Medical Center
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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DIVISION OF CORPORATIONS
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