

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90023 011 ****61.25

DOCUMENT # 731726

1. Corporation Name

JUPITER ISLAND MEDICAL FUND, INC.

Principal Place of Business

P.O. BOX 375
HOBE SOUND FL 33475

Mailing Address

P.O. BOX 375
HOBE SOUND FL 33475



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/24/1975

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

COXE, ECKLEY B
2 BASSETT CREEK TRAIL, NO.
HOBE SOUND FL 33455

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME COXE, ECKLEY B
STREET ADDRESS 2 BASSETT CREEK TRAIL NO.
CITY-ST-ZIP HOBE SOUND FL 33455

1.1 TITLE ☐ Change ☐ Addition

NAME COXE, ECKLEY B

1.2 NAME

STREET ADDRESS 2 BASSETT CREEK TRAIL NO.

1.3 STREET ADDRESS

CITY-ST-ZIP HOBE SOUND FL 33455

1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME SEARLE, DANIEL C
STREET ADDRESS 326 S. BEACH ROAD
CITY-ST-ZIP HOBE SOUND FL 33455

2.1 TITLE ☐ Change ☐ Addition

NAME SEARLE, DANIEL C

2.2 NAME

STREET ADDRESS 326 S. BEACH ROAD

2.3 STREET ADDRESS

CITY-ST-ZIP HOBE SOUND FL 33455

2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

NAME FORD, FREDRICK C JR.
STREET ADDRESS 283 S. BEACH ROAD
CITY-ST-ZIP HOBE SOUND FL 33455

3.1 TITLE ☐ Change ☐ Addition

NAME FORD, FREDRICK C JR.

3.2 NAME

STREET ADDRESS 283 S. BEACH ROAD

3.3 STREET ADDRESS

CITY-ST-ZIP HOBE SOUND FL 33455

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

4.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

4.2 NAME

CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

5.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

5.2 NAME

CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

6.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

6.2 NAME

CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *Seahy B. Cox* 7/14/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)