


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90013 001 ***150.00

DOCUMENT # 731726 1. Entity 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01232006 Chg-NP CR2E037 (11/05)	
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COXE, ECKLEY B 2 BASSETT CREEK TRAIL, NO. HOBE SOUND, FL 33455			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 <u><i>Eckley B Cox</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u><i>2/26/06</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COXE, ECKLEY B <input type="checkbox"/> Delete 2 BASSETT CREEK TRAIL NO. HOBE SOUND, FL 33455				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEARLE, DANIEL C <input checked="" type="checkbox"/> Delete <i>Retired</i> 326 S. BEACH ROAD HOBE SOUND, FL 33455				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORD, FREDERICK S JR <input checked="" type="checkbox"/> Delete <i>Retired</i> 283 S. BEACH ROAD HOBE SOUND, FL 33455				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John C. Jansing <i>Director</i> 162 South Beach Rd Hobe Sound, FL 33455				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mrs. Joanie Madura <i>Secy</i> 18 Rumvies Rd Hobe Sound, FL 33455				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <u><i>Eckley B. Cox</i></u> <i>President</i> <u><i>2/26/06</i></u> <u><i>772-546-5831</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					