

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J64723

(6)

1. Corporation Name

JUPITER MEDICAL CORPORATION

Principal Place of Business

% CRAIG P. PROKOS
1000 SO. OLD DIXIE HWY. #201
JUPITER FL 33458

Mailing Address

% CRAIG P. PROKOS
1000 SO. OLD DIXIE HWY. #201
JUPITER FL 33458



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

136 Jupiter Lakes Blvd

136 Jupiter Lakes Blvd

City & State

City & State

Jupiter FL

Jupiter FL

Zip

Country

33458

USA

Zip

Country

33458

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/25/1987

3a. Date of Last Report

04/11/1995

4. FEI Number

65-0033355

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

PROKOS, CRAIG P.
1000 SO. OLD DIXIE HWY. #201
JUPITER FL 33458

81 Name

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

136 Jupiter Lakes Blvd

83

84 City

Jupiter

FL

85 Zip Code

33458

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when nonstatutory)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D PROKOS, CRAIG P. 136 JUPITER LAKES BLVD JUPITER FL ☐ DELETE

D WITA, BRUCE E. 1000 S. OLD DIXIE HWY JUPITER FL ☐ DELETE

D LAWLER, J. PETER 1000 S. OLD DIXIE HWY JUPITER FL ☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)