

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90073 043 \*\*\*\*61.25

**DOCUMENT # N06000002123**

1. Entity Name  
JUPITER ISLAND MEDICAL CLINIC, INC.



Principal Place of Business  
100 ESTRADA SQUARE  
HOBE SOUND, FL 33455

Mailing Address  
P.O. BOX 375  
HOBE SOUND, FL 33455 US

40002182



01072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4659155

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

TILGHMAN, RICHARD A  
123 GOMEZ RD RD.  
HOBE SOUND, FL 33455

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME TILGHMAN, RICHARD A  
STREET ADDRESS 123 GOMEZ RD  
CITY-ST-ZIP HOPE SOUND, FL 33455

TITLE SD  
NAME MADEIRA, JOAN  
STREET ADDRESS 18 RIVERVIEW RD  
CITY-ST-ZIP HOPE SOUND, FL 33455

TITLE TD  
NAME GORTER, JAMES P  
STREET ADDRESS 194 S BCH RD  
CITY-ST-ZIP HOPE SOUND, FL 33455

TITLE D  
NAME CAIN, TYLER R  
STREET ADDRESS 316 S BCH RD  
CITY-ST-ZIP HOPE SOUND, FL 33455

TITLE D  
NAME CONRADES, PATSY  
STREET ADDRESS 120 GOMEZ RD  
CITY-ST-ZIP HOPE SOUND, FL 33455

TITLE D  
NAME MANSELL, FRANK L  
STREET ADDRESS 161 GOMEZ RD  
CITY-ST-ZIP HOPE SOUND, FL 33455

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IN THIS SPACE**

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: Richard A. Tilghman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-08  
Date

7725466556  
Daytime Phone #