2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2010
Secretary of State

DOCUMENT# N06000002123

Entity Name: JUPITER ISLAND MEDICAL CLINIC, INC.

Current Principal Place of Business:

100 ESTRADA SQUARE
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

100 ESTRADA SQUARE
HOBE SOUND, FL 33455 US

New Mailing Address:

FEI Number: 20-4659155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: TILGHMAN, RICHARD A
Address: 123 GOMEZ RD
City-St-Zip: HOBE SOUND, FL 33455

Title: SD
Name: MADEIRA, JOAN
Address: 18 RIVERVIEW RD
City-St-Zip: HOBE SOUND, FL 33455

Title: TD
Name: DEVINK, LODEWIJK J.R.
Address: 123 SOUTH BEACH ROAD
City-St-Zip: HOBE SOUND, FL 33455

Title: D
Name: CAIN, TYLER R
Address: 316 S BEACH RD
City-St-Zip: HOBE SOUND, FL 33455

Title: D
Name: CONRADES, PATSY
Address: 120 GOMEZ RD
City-St-Zip: HOBE SOUND, FL 33455

Title: D
Name: MOORE, CHARLES V
Address: 122 GOMEZ RD
City-St-Zip: HOBE SOUND, FL 33455

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD TILGHMAN P 02/15/2010

Electronic Signature of Signing Officer or Director Date