

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 16, 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:**CAIN, TYLER R.
316 SOUTH BEACH ROAD
HOBE SOUND, FL 33455 US

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: TYLER R. CAIN

04/16/2010

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: PD
Name: CAIN, TYLER R.
Address: 316 SOUTH BEACH ROAD
City-St-Zip: HOBE SOUND, FL 33455 US

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

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

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

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

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: TYLER R. CAIN

P

04/16/2010

Electronic Signature of Signing Officer or Director_____
Date