2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002123

FILED Jan 09, 2012 Secretary of State

Entity Name: JUPITER ISLAND MEDICAL CLINIC, INC.

Current Principal Place of Business: New Principal Place of Business:

100 ESTRADA SQUARE HOBE SOUND, FL 33455

Current Mailing Address: New Mailing Address:

100 ESTRADA SQUARE HOBE SOUND, FL 33455 US 100 ESTRADA SQUARE HOBE SOUND, FL 33455

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

Name and Address of Current Registered Agent: 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:

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:

Name: MOORE, CHARLES V. Address: 122 GOMEZ RD

City-St-Zip: HOBE SOUND, FL 33455 US

Title:

Name: CONRADES, PATSY Address: 120 GOMEZ RD

City-St-Zip: HOBE SOUND, FL 33455 US

Title: [

Name: GERSTNER, JR., LOUIS V.
Address: 75 SOUTH BEACH ROAD
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 PRES 01/09/2012