

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33140

FILED
Jan 27, 2012
Secretary of State

Entity Name: JUPITER MEDICAL CENTER FOUNDATION, INC.

Current Principal Place of Business:

% RICHARD L. COSNOTTI
1210 SOUTH OLD DIXIE HWY.
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

% RICHARD L. COSNOTTI
1210 SOUTH OLD DIXIE HWY.
JUPITER, FL 33458

New Mailing Address:

FEI Number: 65-0132406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSNOTTI, RICHARD L
1210 SOUTH OLD DIXIE HWY.
JUPITER, FL 33458 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: T
Name: BABINGTON, EDWARD
Address: 3921 SHEARWATER DRIVE
City-St-Zip: JUPITER, FL 33477

Title: DVC
Name: KEMPE, JOSEPH C
Address: 941 NORTH HIGHWAY A1A
City-St-Zip: JUPITER, FL 33477

Title: C
Name: CRISP, PETER O
Address: 20 RIVERVIEW ROAD
City-St-Zip: HOBE SOUND, FL 33455

Title: S
Name: MCCREE, DONALD H JR
Address: 6659 MOURNING DOVE WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: PRES
Name: COSNOTTI, RICHARD L
Address: 1210 S. OLD DIXIE HIGHWAY
City-St-Zip: JUPITER, FL 33458

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 L. COSNOTTI

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01/27/2012

Electronic Signature of Signing Officer or Director

Date