FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000029490 (6)**

1. Corporation Name
JUPITER MEDICAL SERVICES, INC.

Principal Place of Business
54 NE FOURTH AVE
DELRAY BEACH FL 33483

Mailing Address
54 NE FOURTH AVE
DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: 04/14/1995
3a. Date of Last Report:

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 65-0601835 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
STRAWN, JOEL T
54 NE FOURTH AVE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☑ DELETE	1.1 TITLE	DP ☐ Change ☒ Addition
NAME	JOHNSTON, AUDY R	1.2 NAME	Donald A. Mayer
STREET ADDRESS	54 NE FOURTH AVE	1.3 STREET ADDRESS	1210 South Old Dixie Highway
CITY-ST-ZIP	DELRAY BEACH FL 33483	1.4 CITY-ST-ZIP	Jupiter, Florida 33458
TITLE	DST ☑ DELETE	2.1 TITLE	DT ☐ Change ☒ Addition
NAME	STRAWN, JOEL T	2.2 NAME	David Pennington
STREET ADDRESS	54 NE FOURTH AVE	2.3 STREET ADDRESS	1210 South Old Dixie Highway
CITY-ST-ZIP	DELRAY BEACH FL 33483	2.4 CITY-ST-ZIP	Jupiter, Florida 33458
TITLE	☐ DELETE	3.1 TITLE	DS ☐ Change ☒ Addition
NAME		3.2 NAME	Hart Ransdell
STREET ADDRESS		3.3 STREET ADDRESS	1210 South Old Dixie Highway
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jupiter, Florida 33458
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	100001740701
STREET ADDRESS		5.3 STREET ADDRESS	-03/13/96--01017--016
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald A. Mayer — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2/08/96 — Daytime Phone #: (407) 747-2234

CR2E034 (12/95)