

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/14/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0601835	Applied For <input type="checkbox"/> Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	Country	28 Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP	1.1 TITLE	DP
1.2 NAME	MAYER, DONALD A	1.2 NAME	Hart Ransdell
1.3 STREET ADDRESS	1210 SOUTH OLD DIXIE HWY.	1.3 STREET ADDRESS	1210 South Old Dixie Hwy.
1.4 CITY-ST-ZIP	JUPITER FL 33458	1.4 CITY-ST-ZIP	Jupiter, FL 33458
2.1 TITLE	DT	2.1 TITLE	DT
2.2 NAME	PENNINGTON, DAVID	2.2 NAME	Anne H. Finlon
2.3 STREET ADDRESS	1210 SOUTH OLD DIXIE HWY.	2.3 STREET ADDRESS	1210 South Old Dixie Hwy.
2.4 CITY-ST-ZIP	JUPITER FL 33458	2.4 CITY-ST-ZIP	Jupiter, FL 33458
3.1 TITLE	DS	3.1 TITLE	DS
3.2 NAME	RANSDALL, HART	3.2 NAME	Terri Wentz
3.3 STREET ADDRESS	1210 SOUTH OLD DIXIE HWY.	3.3 STREET ADDRESS	1210 South Old Dixie Hwy.
3.4 CITY-ST-ZIP	JUPITER FL 33458	3.4 CITY-ST-ZIP	Jupiter, FL 33458
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Hart Ransdell

Hart Ransdell

April 2, 1998

(561) 747-2234

CR2E034 (10/97)