

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000032151

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: JUPITER PRIMARY CARE GROUP, INC.

**Current Principal Place of Business:**

SUITE 111 9121 NORTH MILITARY TRAIL  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

210 JUPITER LAKES BLVD.  
4000-10  
JUPITER, FL 33458

**Current Mailing Address:**

SUITE 111 9121 NORTH MILITARY TRAIL  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

210 JUPITER LAKES BLVD.  
4000-10  
JUPITER, FL 33458

FEI Number: 20-8629208

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KLEIN, BRENT D  
SUITE 1900, 701 BRICKELL AVE  
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SYED, BAQIR  
Address: SUITE 111 9121 NORTH MILITARY TRAIL  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BAQIR SYED

DIR

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date