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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000026625

1. Corporation Name

JUPITER URGENT CARE, INC.

Principal Place of	of Business
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FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90023 028 ***150.00



Principal Place	of Business	Mailing Address						
		134 SEABREEZE CIRCLE	Æ					
		JUPITER FL 33477			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					03/30/1995			
2 Principal Pl	ace of Business	2a. Mailing Address	-		4. FEI Number	Ap	plied For	
•	- Indiantown Road	26 - 1335-W. Indian	towr	Road	65-0572906	NO	t Applicable	
Suite, Apt. 1		Suite, Apt. #, etc.				\$8.75	Additional	
22		27			5. Certifcate of Status Desired	Fee Re	equired	
City & State	3	City & State			6. Election Campaign Financing	\$5.00	May Be	
Jupite	r, Florida	28 Jupiter, Flori	.da		Trust Fund Contribution	Added t	to Fees	
Zip	Country	Zip 33458 30	Country		This corporation owes the current year In			
33458	25 USA	29 33458 30	US		Personal Property Tax.	⊠ .Yes	□No	
	9. Name and Address of Current	Registered Agent	<u> </u>	r	10. Name and Address of New Registered	Agent		
			81	Name				
-	KENNETH		82	Street	Address (P.O. Box Number is Not Acceptable)	-		
	SOUTH CONGRESS AVENUE		_					
-	E 208		83	İ			1	
BUTI	NTON BEACH FL 33426		84	City	FI	85 Zip (Code	
44 Duney sent i	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes th	e abov	e-named	corporation submits this statement for the numose 0	f changing its	registered	
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					<u> </u>			
	Signature, typed or printed name of registered agent OFFICERS AND		tered Age	nt signature r	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	
12.	D OFFICERS AND		13. 13 TITLE		ADDITIONO/ON/NOZO TO GITTOZINO	Change	Addition	
NAME	LEE, KENNETH	-	1.2 NAME					
STREET ADDRESS	1325 SOUTH CONGRESS AVEN			T ADDRESS				
1	BOYNTON BEACH FL 33426	•	I 4 CITY-S					
CITY-ST-ZIP TITLE	D D D D D D D D D D D D D D D D D D D		2.1 TITLE	1-21	Director	K Change	☐ Addition	
NAME	GOEGEL, DANIEL		2.2 NAME		GOEBEL, DANIEL		Ī	
STREET ADDRESS	134 SEABREEZE CIRCLE			TADDRESS	530 Ibis Drive			
	JUPITER FL 33477		2. 4 CITY-		Delray Beach, Florida 3344	44		
CITY-ST-ZIP TITLE	D		3.1 TITLE	J1-28	Director	K Change	☐ Addition	
NAME	TANABE, M.D. D		3.2 NAME		TANABE, M.D., DON			
STREET ADDRESS	134 SEABREEZE CIR			T ADDRESS	618 Pilot Road			
CITY-ST-ZIP	JUPITER FL 33477		3 4. CITY-		North Palm Beach, Florida	33408		
TITLE	D		1.1 TITLE		Director	Change	Addition	
NAME	ZAPPA, M.D. M	i.	4. 2 NAME		ZAPPA, M.D., MICHAEL			
STREET ADDRESS	134 SEABREEAE CIR		43STREE	T ADDRESS	2139 Driftwood Circle			
CITY-ST-ZIP	JUPITER FL 33477		4.4 CITY-5		Palm Beach Gardens, Florida	a 33410)	
TITLE	D	C DELETE	5.1 TITLE		Palm Beach Gardens, Florida Director HASTON, M.D., STEVE 500 Golden Harbour Drive	Change	☐ Addition	
NAME	HASTON, M.D. S		5.2 NAME		HASTON, M.D., STEVE		2000年	
STREET ADDRESS	134 SEABREEZE CIR		5.3 STREE	T ADDRESS	500 Golden Harbour Drive	productive is i	130124637	
CITY-ST-ZIP	JUPITER FL 33477		5.4 CITY-S	T-ZIP	Boca Raton, Florida 33432			
TITLE		☐ DELETE	6.1 TTLE			☐ Change	☐ Addition	
NAME		•	6.2 NAME				ļ	
STREET ADDRESS			6.3 STREE	T ADDRESS			ļ	
		9					1	

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, of the appears in an address, with all other like empowered.

SIGNATURE:

Daytime Phone #