

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90008 002 ***150.00

44040043



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0572906	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

TANABE, D. M.D.
1335 W. INDIANTOWN ROAD
JUPITER, FL 33458

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOEBEL, DANIEL 7200 NE 8TH AVE. BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANABE, M.D. D 13456 MILES STANDISH PORT PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAPPA, M.D. M 2290 SEVEN OAKS LN PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASTON, M.D. S 105 N. ATLANTIC DR. LAKE WORTH, FL 334621913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/7/04 5617449995

Attachment

44048649
8950026625

JUPITER URGENT CARE, INC.
1335 W INDIANTOWN ROAD
JUPITER, FL 33458

July 6, 2004

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Jupiter Urgent Care, Inc

To Whom It May Concern:

Please be advised that neither my accountant nor I received the original 2004 UBR form for filing by the May 1st deadline.

In that regard, I respectfully request that the \$400 penalty be waived and you accept the enclosed check for \$150.00 in payment of the filing fee for our 2004 UBR.

Thank you for your consideration.

Sincerely,



Donald Tanabe, President
Jupiter Urgent Care, Inc.