SUNRISE, FL	ARRISON PKWY, STE. 200 33323			
	ling Address: H HARRISON PKWY, STE. 200 FL 33323			
FEI Number: 90-1006058			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
MARCUS, JILL 1613 NORTH H SUNRISE, FL	ARRISON PKWY, STE. 200			
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			04/07/0045	
	ILLIAN MARCUS		04/27/2015	
	Electronic Signature of Registered Agent		04/27/2015 Date	
	Electronic Signature of Registered Agent	Title		
Authorized	Electronic Signature of Registered Agent Person(s) Detail:	Title Name	Date	
Authorized	Electronic Signature of Registered Agent Person(s) Detail : PRESIDENT & CEO		Date	
Authorized Title Name	Electronic Signature of Registered Agent Person(s) Detail : PRESIDENT & CEO COURIS, JOHN 1613 NORTH HARRISON PKWY, STE. 200	Name	Date SECRETARY WEINSTEIN, CHRISTINE 1613 NORTH HARRISON PKWY, STE. 200	
Authorized Title Name Address	Electronic Signature of Registered Agent Person(s) Detail : PRESIDENT & CEO COURIS, JOHN 1613 NORTH HARRISON PKWY, STE. 200	Name Address	Date SECRETARY WEINSTEIN, CHRISTINE 1613 NORTH HARRISON PKWY, STE. 200	
Authorized Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Person(s) Detail : PRESIDENT & CEO COURIS, JOHN 1613 NORTH HARRISON PKWY, STE. 200 SUNRISE FL 33323	Name Address	Date SECRETARY WEINSTEIN, CHRISTINE 1613 NORTH HARRISON PKWY, STE. 200	
Authorized Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Person(s) Detail : PRESIDENT & CEO COURIS, JOHN 1613 NORTH HARRISON PKWY, STE. 200 SUNRISE FL 33323 CFO	Name Address	Date SECRETARY WEINSTEIN, CHRISTINE 1613 NORTH HARRISON PKWY, STE. 200	

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINE WEINSTEIN

Electronic Signature of Signing Authorized Person(s) Detail

04/27/2015

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000102783

Entity Name: GENERAL SURGERY OF JUPITER MEDICAL SPECIALISTS, LLC

Current Principal Place of Business:

1613 NORTH HARRISON PKWY, STE, 200

Apr 27, 2015 Secretary of State CC2580063379

FILED

Date