



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000073488 3)))



H200000734883ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : CARLTON FIELDS
Account Number : 076077000355
Phone : (813) 223-7000
Fax Number : (813) 229-4133

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Karen.davila@jupitermed.com

**REGISTERED AGENT CHANGE
JUPITER MEDICAL CENTER, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

2020 MAR -5 11:10:30

FILED
20 MAR -5 11:10:25
MAR 4 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jupiter Medical Center, Inc.
Name of Corporation

DOCUMENT NUMBER: 726395

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Davila, General Counsel

Name of Contact Person

Jupiter Health, Inc.

Firm/Company

1210 S. Old Dixie Hwy

Address

Jupiter, FL 33458

City/State and Zip Code

karen.davila@jupitermed.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Davila

Name of Contact Person

at (561) 263-3720

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Jupiter Medical Center, Inc.
2. The principal office address: 1210 S. Old Dixie Hwy, Jupiter, FL 33458
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/11/1973 Document number: 726395
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Steven Seeley

1210 S. Old Dixie Hwy

Jupiter, FL 33458

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

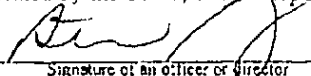
1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Steven Seeley, CEO & Assistant Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

NRAI Services, Inc.

By: 
Signature of Registered Agent

March 04, 2020

Date

If signing on behalf of an entity:

Natalie Leiba-Paul - Assistant Secretary

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

FILED
20 MAR -5 AM 10:25
TALLAHASSEE, FLORIDA