

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91595 016 \*\*\*\*50.00

DOCUMENT # L01000011323

1. Entity Name

Jupiter Healthcare LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6230 W. Indiantown Rd

Suite, Apt. #, etc.

3

City & State

Jupiter FL

Zip 33458

Country USA

3. Mailing Address

6230 W. Indiantown Rd

Suite, Apt. #, etc.

3

City & State

Jupiter FL

Zip 33458

Country USA

4. FEI Number

65-1121728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Joseph T. Boudreau

Street Address (P.O. Box Number is Not Acceptable)

4812 Central Blvd

No. 23

City

Jupiter

FL

Zip Code

33418

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.

SIGNATURE

Joseph Boudreau

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

5/24/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

MEM

NAME

Joseph T. Boudreau

STREET ADDRESS

4812 Central Blvd #23

CITY - ST - ZIP

Jupiter FL 33458

TITLE

MEM

NAME

ANTHONY FAVA

STREET ADDRESS

392 TOTOWA RD

CITY - ST - ZIP

TOTOWA NJ 07512

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my 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 808, Florida Statutes.

SIGNATURE:

Joseph Boudreau

5/24/2002

(561) 741-7575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)