

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90099 034 \*\*\*\*50.00

**DOCUMENT # L01000011323**

1. Entity Name  
**JUPITER HEALTHCARE LLC**



Principal Place of Business 6230 W. INDIANTOWN RD 3 JUPITER, FL 33458	Mailing Address 6230 W. INDIANTOWN RD 3 JUPITER, FL 33458
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**DO NOT WRITE IN THIS SPACE**



01202004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-1121728</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent:

**BOUDREAU, JOSEPH**  
4812 CENTRAL BLVD  
NO 29  
JUPITER, FL 33458

*161 Spoonbill Ct  
Jupiter, FL 33458*

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUDREAU, JOSEPH <del>6021 SE WARNICK LANE</del> <i>161 SPOONBILL CT</i> <del>STUART, FL 34997</del> <i>JUPITER FL 33458</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAVA, ANTHONY 392 TOTOWA RD TOTOWA, NJ 07512
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

*2/18/04*

Date

*561-741-7575*

Daytime Phone #