

**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



01202004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1121728

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** 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*

**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 reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BOUDREAU, JOSEPH
STREET ADDRESS	6021 SE WARNICK LANE <i>161 SPOONBILL CT</i>
CITY- ST- ZIP	STUART, FL 34997 <i>JUPITER FL 33458</i>

TITLE	MGRM
NAME	FAVA, ANTHONY
STREET ADDRESS	392 TOTOWA RD
CITY- ST- ZIP	TOTOWA, NJ 07512

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

2/18/04 561-741-7575