
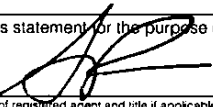
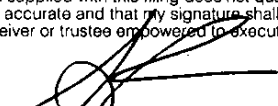


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90201 030 ****50.00

DOCUMENT # L01000011323 1. Entity Name JUPITER HEALTHCARE LLC			
Principal Place of Business 125 WEST INDIANTOWN ROAD SUITE 105 JUPITER, FL 33458		Mailing Address 125 WEST INDIANTOWN ROAD SUITE 105 JUPITER, FL 33458	
2. Principal Place of Business - No P.O. Box # 144 SOTA DRIVE Suite, Apt. #, etc.		3. Mailing Address 392 TOTOWA ROAD Suite, Apt. #, etc.	
City & State JUPITER, FL Zip 33458 Country		City & State TOTOWA, NJ Zip 07512 Country	
4. FEI Number 65-1121728		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOUDREAU, JOSEPH 161 SPOONBILL CT JUPITER, FL 33458		7. Name and Address of New Registered Agent Name ANTHONY FAVA Street Address (P.O. Box Number is Not Acceptable) 144 SOTA DRIVE City JUPITER FL Zip Code 33458	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 3/27/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOUDREAU, JOSEPH 161 SPOONBILL CT JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FAVA, ANTHONY 392 TOTOWA RD TOTOWA, NJ 07512 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		ANTHONY FAVA 3/27/07 913-703-7008 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>	