FILED
Mar 28, 2007 8:00 am
Secretary of State

01-25-2007 90085 034 ****50.00

1/1

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000041812

1. Entity Name
JUPITER INTERNAL MEDICINE GROUP, L.L.C.

Principal Place of Business	Mailing Address
1002 S. OLD DIXIE HWY. SUITE 103 JUPITER, FL 33458	938 SW MARTIN DOWNS BLVD. PALM CITY, FL 34990

J000JJ7J

01182007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
601 UNIVERSITY BLVD	575 MILITARY TRAIL
Suite, Apt. #, etc.: SUITE 204	Suite, Apt. #, etc.: SUITE 200
City & State: JUPITER FL	City & State: JUPITER FL ~~33458~~
Zip: 33458 Country: USA	Zip: 33458 Country: USA

4. FEI Number: 56-2412271 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PROSTKO, REBECCA A 4575 NE INDIAN RIVER DRIVE JENSEN BEAC H, FL 34957	Name: RAJENDRA K. BANSAL Street Address (P.O. Box Number is Not Acceptable): 605 SOUTH BEACH ROAD City: TEQUESTA 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: [signature] 1/18/07
Signature, typed or printed name of registered agent and title if applicable — DATE
NOTE: Registered Agent signature required when reinstating

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 PROSTKO, REBECCA A 938 SW MARTIN DOWNS BLVD PALM CITY, FL 34990	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAJENDRA K BANSAL 601 UNIVERSITY BLVD SUITE 204 JUPITER, FL 33458	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT URMILA MISTRY 601 UNIVERSITY BLVD SUITE 204 JUPITER, FL 33458	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 1/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #