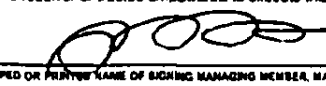


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L03000041812			
1. Entity Name JUPITER INTERNAL MEDICINE GROUP, L.L.C.			
Principal Place of Business 1002 S. OLD DIXIE HWY. SUITE 103 JUPITER, FL 33458		Mailing Address 938 SW MARTIN DOWNS BLVD. PALM CITY, FL 34990	
2. Principal Place of Business - No P.O. Box # 601 UNIVERSITY BLVD Suite, Apt. #, etc. SUITE 204 City & State JUPITER FL Zip 33458 Country USA		3. Mailing Address 375 MILITARY TRAIL Suite, Apt. #, etc. SUITE 200 City & State JUPITER FL 33458 Zip 33458 Country USA	
		01182007 Chg-LLC CR2E083 (12/08)	
		4. FEI Number 58-2412271	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PROSTKO, REBECCA A 4575 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957		7. Name and Address of New Registered Agent 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, typed or printed name of registered agent and title is applicable		DATE 1/18/07 NOTE: Registered Agents signature required when removing	
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 MISTKY 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 606, Florida Statutes.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE 1/18/07 Date	