


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000041812</b> 1. Entity Name <b>JUPITER INTERNAL MEDICINE GROUP, L.L.C.</b>	
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Principal Place of Business <b>601 UNIVERSITY BLVD SUITE 204 JUPITER, FL 33458</b>	Mailing Address <b>875 MILITARY TRAIL SUITE 200 JUPITER, FL 33458</b>
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01102008 No Chg-LLC

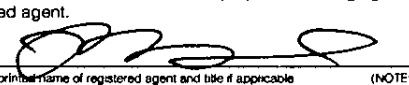
CR2E083 (12/07)

4. FEI Number <b>56-2412271</b>	Applied For <input type="checkbox"/> 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  <b>BANSAL, RAJENDRA 605 SOUTH BEACH ROAD TEQUESTA, FL 33458</b>
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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:  **Rajendra Bansal** 1/10/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

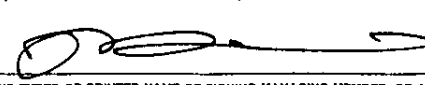
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BANSAL, RAJENDRA K 601 UNIVERSITY BLVD SUITE 204 JUPITER, FL 33458</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MISTRY, URMILA 601 UNIVERSITY BLVD SUITE 204 JUPITER, FL 33458</b>
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000000793297  
01/25/08-80003-011 138.75

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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:  **Rajendra Bansal** 1/10/08 (561) 746-2411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #