

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000018306

**FILED**  
**Aug 11, 2011**  
**Secretary of State**

**Entity Name:** JUPITER MEDICAL SQUARE, LLC

**Current Principal Place of Business:**

500 COMMERCE WAY WEST  
UNIT 2  
JUPITER, FL 33458 US

**New Principal Place of Business:**

625 NORTH FLAGLER DRIVE  
SUITE 401  
WEST PALM BEACH, FL 33401 US

**Current Mailing Address:**

500 COMMERCE WAY WEST  
UNIT 2  
JUPITER, FL 33458 US

**New Mailing Address:**

625 NORTH FLAGLER DRIVE  
SUITE 401  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 26-2027754

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KNEEN, JEFFREY D  
1601 FORUM PLACE  
SUITE 300  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

PETER, MATWICZYK ESQ.  
625 NORTH FLAGLER DRIVE  
SUITE 401  
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: PETER MATWICZYK

08/11/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DE MARE, BARBARA ESQ.  
Address: 155 POLIFLY ROAD, 3RD FLOOR  
City-St-Zip: HACKENSACK, NJ 07601 US

Title: MGRM  
Name: SIGAL, ALBERT  
Address: 155 POLIFLY ROAD, 3RD FLOOR  
City-St-Zip: HACKENSACK, NJ 07601 US

Title: MGR  
Name: LUBECK, GEORGE F III  
Address: 1250 NORTH OCEAN DRIVE  
City-St-Zip: SINGER ISLAND, FL 33404

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: BARBARA DE MARE

MGRM

08/11/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date