

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000007695

FILED
Oct 15, 2009
Secretary of State

Entity Name: JUPITER MEDICAL CENTER PHYSICIANS GROUP, INC.

Current Principal Place of Business:

1210 SOUTH OLD DIXIE HIGHWAY
JUPITER, FL 334587299

New Principal Place of Business:

Current Mailing Address:

1210 SOUTH OLD DIXIE HIGHWAY
JUPITER, FL 334587299

New Mailing Address:

1210 SOUTH OLD DIXIE HIGHWAY
BUSINESS OFFICE
JUPITER, FL 334587299

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRIGSBY, S. JAN
1210 SOUTH OLD DIXIE HIGHWAY
JUPITER, FL 334587299 US

Name and Address of New Registered Agent:

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: CANDICE MORROW

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: UOMO, PAUL D
Address: 146 LISMORE LANE
City-St-Zip: JUPITER, FL 33458

Title: DT () Delete
Name: GRIGSBY, JAN
Address: 853 UNIVERSITY BLVD APT 203
City-St-Zip: JUPITER, FL 33458

Title: DS () Delete
Name: GRAHAM, JON
Address: 6599 SE TWIN OAKS CIR
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: DELL UOMO, PAUL
Address: 146 LISMORE LANE
City-St-Zip: JUPITER, FL 33458

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON E. GRAHAM

DS

10/15/2009

Electronic Signature of Signing Officer or Director

Date