

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007695

FILED  
Jan 05, 2012  
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  
BUSINESS OFFICE  
JUPITER, FL 334587299

**New Mailing Address:**

**FEI Number:** 26-3187119

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

COURIS, JOHN D  
1210 SOUTH OLD DIXIE HIGHWAY  
JUPITER, FL 334587299 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: JOHN D COURIS

01/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DC  
Name: COURIS, JOHN  
Address: 1210 S OLD DIXIE HWY  
City-St-Zip: JUPITER, FL 33458

Title: DT  
Name: GRIGSBY, S. JAN  
Address: 1210 S OLD DIXIE HWY  
City-St-Zip: JUPITER, FL 33458

Title: DS  
Name: WENTZ, TERRI  
Address: 1210 S OLD DIXIE HWY  
City-St-Zip: JUPITER, FL 33458

I hereby 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 all other like empowered.

SIGNATURE: JOHN D COURIS

DC

01/05/2012

Electronic Signature of Signing Officer or Director

Date