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To:

Division of Corporations

Fax Number : (850) 617-6380

Frcm:

Account Name : CARLTON FIELDS Account Number : 076077000355 Phone: : (813)223-7000 Fax Number : (813)229-4133

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## REGISTERED AGENT CHANGE JUPITER MEDICAL CENTER PHYSICIANS GROUP, INC.

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: Jupiter Medical Center Physicians Group, Name of Corporation	inc.
Name of Corporation	
DOCUMENT NUMBER: N08000007695	
The enclosed Statement of Change of Registered O	ffice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Karen Davila, General Counsel	
Name of Contact Person	
Jupiter Health, Inc.	
Firm/Company	
1210 S. Old Dixie Hwy	
Address	· .
Jupiter, FL 33458	
City/State and Zip Code	
karen.davila@jupitermed.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, plea	ise call:
Karen Davila	at ( 561 ) 263-3720  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 aback made payable to the De	
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Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta Inge is submitted for a corporation organized under the laws of the State of <u>Fl</u> Er to change its registered office or registered agent, or both, in the State of Flo	orida	
	the corporation: Jupiter Medical Center Physicians Group, Inc.	, Ida,	
	office address: 1210 S. Old Dixie Hwy, Jupiter, FL 33458		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 08/14/2008 Document number: N08000007	1695	
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with timent of State: (If resigned, enter resigned)	ı the	
	Steven Seeley	20	
	1210 S. Old Dixie Hwy		
	Jupiter, FL 33458	<u>-</u>	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered offic	#N 10: 28	H
	NRAI Services, Inc.	28 3.07 9.07	
	1200 South Pine Island Road		
	P.O. Box NOT acceptable		
	Plantation, FL 33324		
The street addre as changed will	ss of its registered office and the street address of the business office of its be identical.	registered agent,	
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an of the corporation has been notified in writing of the change.	fficer so	
Signatur	Amit Rostogi M.D., ( Printed or typed name and little	'hairman	
corporanon nas	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and completed to the proper and completed in a segistered in a familiar with and accept the obligation of my position as registered in a filled merely to reflect a change in the registered office address, I hereby been notified in writing of this change.		
HRAI Strikes	us - Paul March 04, 2020		
Sign	ature of Registered Agent Date	-	
If signing on bel	nalf of an entity:		
	I - Assistant Secretary		
Ту	ped or Printed Name		