Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

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.\*\*

Email Address: Karen. davila@ jupitermed. com

... -5 /: 10:3

REGISTERED AGENT CHANGE
JUPITER MEDICAL CENTER COLLABORATIVE, INC.

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## **COVER LETTER**

	mendment Section division of Corporations
	TOOL OF CORPORATIONS
SUBJEC	T: Jupiter Medical Center Collaborative, Inc.
Name of (	Corporation
росим:	ENT NUMBER: N15000007673
The enclo	sed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please reti	urn all correspondence concerning this matter to the following:
Karen Dav	vila. General Counsel
	Contact Person
Jupiter He	aith, inc.
Firm/Com	
1210 S. O	d Dixie Hwy
Address	
Jupiter, FL	. 33458
City/State	and Zip Code
	karen.davila@jupitermed.com
E-mail ad	dress: (to be used for future annual report notification)
For further	r information concerning this matter, please call:
Karen Dav	Name of Contact Person at ( 561 ) 263-3720  Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enclosed i	s a \$35.00 check made payable to the Department of State.

Mackey, Diane

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle

Street Address: Amendment Section Division of Corporations

Tallahassee, FL 32301

CR2E045 (04/13)

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

The name     The princip	of the corporation: Jupiter Medical Center Copal office address: 1210 S. Old Dixie Hwy, Ju	Haborative, Inc.		
3. The mailin	g address (if different):		<del></del>	
4. Date of inc	corporation/qualification: 08/04/2015	Document number: N15000007673	<del>}</del>	
	and street address of the current registered agpartment of State: (If resigned, enter resigned		<del>2</del>	
	Steven Seeley			
	1210 S. Old Dixie Hwy		20 MAR	
	Jupiter, FL 33458			;
6. The name a (if changed	and street address of the new registered agen	•	<u>(</u>	
	NRA1 Services, Inc.		0:2	٠
	1200 South Pine Island Road		5 O	
	P.O. Box Plantation, FL 33324	NOT acceptable		
The street add	dress of its registered office and the street a	address of the business office of its reg	istered agent,	
Such change authorized by	was authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an officified in writing of the change.	er so	
	Steven Seeley, Director Printed or typed name and title			
hereby acce further agre of my duties, document is t corporation h	ept the appointment as registered agent and the to coniply with the provisions of all statu and I am familiar with and accept the oblig being filed merely to reflect a change in the has been notified in writing of this change.	l agree to act in this capacity. stes relative to the proper and complete gation of my position as registered age registered office address, I hereby con	: performance nt. Or if this nfirm that the	
Ву: 12	iha - Paul	March 04, 2020		
	Signature of Registered Agent	Date		
r signing on	behalf of an entity:			