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03-10-1999 90023 028 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000026625**

1. Corporation Name
**JUPITER URGENT CARE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 134 SEABREEZE CIRCLE<br>JUPITER FL 33477 | 134 SEABREEZE CIRCLE<br>JUPITER FL 33477 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/30/1995

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1335 W. Indiantown Road | 26 1335 W. Indiantown Road |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Jupiter, Florida | City & State<br>28 Jupiter, Florida |
| Zip / Country<br>24 33458 25 USA | Zip / Country<br>29 33458 30 USA |

4. FEI Number: 65-0572906 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

LEE, KENNETH
1325 SOUTH CONGRESS AVENUE
SUITE 208
BOYNTON BEACH FL 33426

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LEE, KENNETH<br>1325 SOUTH CONGRESS AVENUE, SUITE 208<br>BOYNTON BEACH FL 33426 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GOEGEL, DANIEL<br>134 SEABREEZE CIRCLE<br>JUPITER FL 33477 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | Director<br>GOEBEL, DANIEL<br>530 Ibis Drive<br>Delray Beach, Florida 33444 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TANABE, M.D. D<br>134 SEABREEZE CIR<br>JUPITER FL 33477 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | Director<br>TANABE, M.D., DON<br>618 Pilot Road<br>North Palm Beach, Florida 33408 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ZAPPA, M.D. M<br>134 SEABREEAE CIR<br>JUPITER FL 33477 | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | Director<br>ZAPPA, M.D., MICHAEL<br>2139 Driftwood Circle<br>Palm Beach Gardens, Florida 33410 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HASTON, M.D. S<br>134 SEABREEZE CIR<br>JUPITER FL 33477 | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | Director<br>HASTON, M.D., STEVE<br>500 Golden Harbour Drive<br>Boca Raton, Florida 33432 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Donna Tinaglia REQUIRED 2/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #