

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90226 019 ***150.00

DOCUMENT # P95000026625

1. Entity Name
JUPITER URGENT CARE, INC.



Principal Place of Business
**1335 W INDIANTOWN RD
JUPITER FL 33458
US**

Mailing Address
**1335 W INDIANTOWN RD
JUPITER FL 33458
US**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0572906**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TANABE, D. M.D.
1335 W. INDIANTOWN ROAD
JUPITER FL 33458**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **LEE, KENNETH**
STREET ADDRESS **1325 SOUTH CONGRESS AVENUE, SUITE 208**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GOEBEL, DANIEL**
STREET ADDRESS **530 IBIS DR**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7200 NE 8th Ave.**
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **D** ☐ Delete
NAME **TANABE, M.D. D**
STREET ADDRESS **618 PILOT RD**
CITY-ST-ZIP **N PALM BEACH FL 33408**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **13456 Miles Standish Port**
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **D** ☐ Delete
NAME **ZAPPA, M.D. M**
STREET ADDRESS **2139 DRIFTWOOD CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2290 Seven Oaks Ln**
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **D** ☐ Delete
NAME **HASTON, M.D. S**
STREET ADDRESS **500 GOLDEN HARBOUR DR**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **105 N. Atlantic Dr.**
CITY-ST-ZIP **Lantana, FL 33462-1913**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/03 (561) 744-9995

Date

Daytime Phone #

CR2E034 (10/02)