## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE

NAME



FLORIDA DEPARIMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000102380 (8)

JUPITER MEDICAL MANAGEMENT, INC.

	*					
Principal Place of Business		Mailing Address			t lattidit sie ifite fittit batte after abite abite itmit dare stade fein, fatt dar jab.	
131 JUPITER KEY ROAD  131 JUPITER KEY ROAD  JUPITER FL 33477  JUPITER FL 33477					DO NOT WRITE IN THIS SPACE	
l					3. Date Incorporated or Qualified	
]					12/19/1996	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number (65-0733944 Applied For	
21		26			-AM-IEU-FOR INOCAPPIICADIE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country 25	Zip 3	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent	
GELLER, STEVEN A ESQ.				1 Na		
1815 GRIFFIN ROAD STE 403 DANIA FL 33004			8:	82 Street Address (P.O. Box Number is Not Acceptable)		
			[	83		
				<u> </u>		
			8	4 Ci	ty FL 85 Zip Code	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was au	thorized b	ov the	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, type: Lor printed name of registered by	and and the Laurenishie (NOIE	A burdstone	ned s o	inciture required when reinstating) DATE	
12,			13.			
TITLE	PD	DELETE	1.1 TO LE		Change Addition	
NAME	GARRETT, KATHRYN		1.2 NAM	E		
STREET ADDRESS	131 JUPITER KEY ROAD		1.3 STRE	ET ADDE	RESS	
CITY-ST-ZIP	JUPITER FL 33477		1.4 CITY	- ST - ZIP		
TITLE	VSTD	☐ DELETE	2 1 TITLE		Change Addition	
NAME	MOSTON, DEBRA		2.2 NAME			
STAEET ADDRESS	131 JUPITER KEY ROAD		2.3 STREET A		RESS	
CITY-ST-ZIP	JUPITER FL 33477	_,	2. 4 CITY-ST			
TITLE		DELETE	3.1 TITLE		Change Addition	
1			0 0 H 1 1 1	-	- 1	

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 this corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, if on an attachment with an address.

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CHY - ST- ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5 2 NAME

6.1 THEE

6.2 NAME

DELETE

DELETE

DELETE

South 12 of Block 13 of Charles of the Carl

4/24/98

Change

Change

Change

Addition

Addition

☐ Addition

**FILED** 

Jun 01 1998 8:00am

Secretary of State