

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000066479

**FILED**  
**Jan 04, 2013**  
**Secretary of State**

**Entity Name:** JUPITER PEDIATRIC ASSOCIATES, P.A.

**Current Principal Place of Business:**

6650 W. INDIANTOWN RD  
SUITE # 110  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4073  
TEQUESTA, FL 33469 10

**New Mailing Address:**

6650 W. INDIANTOWN RD  
SUITE # 110  
JUPITER, FL 33458

**FEI Number:** 65-0853601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLAIZZO, PHILIP  
9283 SE COVE POINT ST  
TEQUESTA, FL 33469 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** PHILIP COLAIZZO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** MD  
**Name:** COLAIZZO, PHILIP MD  
**Address:** 9283 SE COVE POINT ST  
**City-St-Zip:** TEQUESTA, FL 33469

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** PHILIP COLAIZZO

MD

01/04/2013

Electronic Signature of Signing Officer or Director

Date