

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90064 001 ***150.00

DOCUMENT # P05000061185

1. Entity Name
JLR HEALTHCARE SOLUTIONS, INC.



Principal Place of Business

**291 SOUTHHALL LN
MAITLAND, FL 32751**

Mailing Address

**291 SOUTHHALL LN
MAITLAND, FL 32751**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
SUITE 201

Suite, Apt. #, etc.
SUITE 201

City & State

City & State

Zip

Country

Zip

Country

03062006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-2779797

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHICK, DAVID L
301 E PINE ST
STE 1400
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, M.D., G. EDWIN 291 SOUTHHALL LANE, STE. 201 MAITLAND, FL 32751 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AXELROD, M.D., MAC 291 SOUTHHALL LANE, STE. 201 MAITLAND, FL 32751 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MANN, M.D., MICHAEL 291 SOUTHHALL LANE, STE. 201 MAITLAND, FL 32751 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIN, M.D., DOUGLAS 291 SOUTHHALL LANE, STE. 201 MAITLAND, FL 32751 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURKEY, M.D., WILLIAM 291 SOUTHHALL LANE, STE. 201 MAITLAND, FL 32751 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, M.D., TOM 291 SOUTHHALL LANE, STE. 201 MAITLAND, FL 32751 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

G. Edwin Wilson

G. EDWIN WILSON, M.D., PRES.

3/7/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #