

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000061185

Entity Name: JLR HEALTHCARE SOLUTIONS, INC.

FILED
Mar 02, 2007
Secretary of State

Current Principal Place of Business:

291 SOUTHHALL LN
STE 201
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

291 SOUTHHALL LN
STE 201
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 20-2779797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILSON, EDWIN G MD
Address: 291 S HALL LN STE 201
City-St-Zip: MAITLAND, FL 32751

Title: V () Delete
Name: AXELROD, MAC MD
Address: 291 S HALL LN STE 201
City-St-Zip: MAITLAND, FL 32751

Title: TS () Delete
Name: MANN, MICHAEL MD
Address: 291 S HALL LN STE 201
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: OLIN, DOUGLAS MD
Address: 291 S HALL LN STE 201
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: PURKEY, WILLIAM MD
Address: 291 S HALL LN STE 201
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: ANDREWS, TOM MD
Address: 291 S HALL LN STE 201
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILSON, EDWIN G MD
Address: 291 SOUTHHALL LN STE 201
City-St-Zip: MAITLAND, FL 32751

Title: V (X) Change () Addition
Name: AXELROD, MAC MD
Address: 291 SOUTHHALL LN STE 201
City-St-Zip: MAITLAND, FL 32751

Title: TS (X) Change () Addition
Name: MANN, MICHAEL MD
Address: 291 SOUTHHALL LN STE 201
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Change () Addition
Name: OLIN, DOUGLAS MD
Address: 291 SOUTHHALL LN STE 201
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Change () Addition
Name: DOBSON, CHRISTOPHER E MD
Address: 291 SOUTHHALL LN STE 201
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Change () Addition
Name: ARCARIO, THOMAS J MD
Address: 291 SOUTHHALL LN STE 201
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: G. EDWIN WILSON MD

P

03/02/2007

Electronic Signature of Signing Officer or Director

Date