

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90004 018 \*\*\*150.00

**DOCUMENT # P05000061185**

1. Entity Name  
JLR HEALTHCARE SOLUTIONS, INC.



Principal Place of Business  
291 SOUTHHALL LN  
STE 201  
MAITLAND, FL 32751

Mailing Address  
291 SOUTHHALL LN  
STE 201  
MAITLAND, FL 32751

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202008

Chg-P

CR2E034 (12/06)

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

## 7. Name and Address of New Registered Agent

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

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, 2008 Fee will be \$550.00**

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 P ☐ Delete  
NAME WILSON, EDWIN G MD  
STREET ADDRESS 291 SOUTHHALL LN STE 201  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D ☐ Change ☒ Addition  
NAME JAGER, BRIAN M.D.  
STREET ADDRESS 291 SOUTHHALL LANE  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE V ☐ Delete  
NAME AXELROD, MAC MD  
STREET ADDRESS 291 SOUTHHALL LN STE 201  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D ☐ Change ☒ Addition  
NAME SPALDING, HOWARD K M.D.  
STREET ADDRESS 291 SOUTHHALL LANE  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE TS ☒ Delete  
NAME MANN, MICHAEL MD  
STREET ADDRESS 291 SOUTHHALL LN STE 201  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D ☐ Change ☒ Addition  
NAME WARNER, NORMAN M.D.  
STREET ADDRESS 291 SOUTHHALL LANE  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D ☒ Delete  
NAME OLIN, DOUGLAS MD  
STREET ADDRESS 291 SOUTHHALL LN STE 201  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D ☐ Change ☒ Addition  
NAME ANGERT, KEVIN C M.D.  
STREET ADDRESS 291 SOUTHHALL LANE  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D ☐ Delete  
NAME DOBSON, CHRISTOPHER E MD  
STREET ADDRESS 291 SOUTHHALL LN STE 201  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE P ☒ Change ☐ Addition  
NAME AXELROD, MAC M.D.  
STREET ADDRESS 291 SOUTHHALL LANE  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D ☐ Delete  
NAME ARCARIO, THOMAS J MD  
STREET ADDRESS 291 SOUTHHALL LN STE 201  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D ☒ Change ☐ Addition  
NAME WILSON, G. EDWIN M.D.  
STREET ADDRESS 291 SOUTHHALL LANE  
CITY-ST-ZIP MAITLAND, FL 32751

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:

*MAC AXELROD, MD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/08

Date

407-667-0444

Daytime Phone #