2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2012
Secretary of State

DOCUMENT# P05000061185

Entity Name: JLR HEALTHCARE SOLUTIONS, INC.

Current Principal Place of Business:

291 SOUTHHALL LN
STE 201
MAITLAND, FL 32751

New Principal Place of Business:

291 SOUTHHALL LN
STE 201
MAITLAND, FL 32751 UN

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
200 SOUTH ORANGE AVE
SUNTRUST CENTER, SUITE 2300
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

OFFICERS AND DIRECTORS:

Title: D
Name: ARCARIO, THOMAS J M.D.
Address: 291 SOUTHHALL LN STE 201
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: AXELROD, MAC M.D.
Address: 291 SOUTHHALL LN STE 201
City-St-Zip: MAITLAND, FL 32751

Title: VP
Name: WARNER, NORMAN M.D.
Address: 291 SOUTHALL LANE
City-St-Zip: MAITLAND, FL 32751

Title: P
Name: OLIN, DOUGLAS A M.D.
Address: 291 SOUTHALL LANE
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: DOBSON, CHRISTOPHER M.D.
Address: 291 SOUTHALL LANE
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: MICHAELS, ROBERT M.D.
Address: 291 SOUTHALL LANE
City-St-Zip: MAITLAND, FL 32751

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: DR. OLIN DOUGLAS PRES 02/20/2012

Electronic Signature of Signing Officer or Director Date