

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000061185

**Entity Name:** JLR HEALTHCARE SOLUTIONS, INC.**Current Principal Place of Business:**291 SOUTHHALL LN  
STE 201  
MAITLAND, FL 32751**Current Mailing Address:**291 SOUTHHALL LN  
STE 201  
MAITLAND, FL 32751**FEI Number:** 20-2779797**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHICK, DAVID L  
200 SOUTH ORANGE AVE  
SUNTRUST CENTER, SUITE 2300  
ORLANDO, FL 32801 US*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

**Officer/Director Detail :**

Title DIRECTOR  
Name JONES, KURT DR.  
Address 291 SOUTHHALL LN STE 201  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name AZAM, MOEED DR.  
Address 291 SOUTHHALL LN STE 201  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name THONI, KEVIN DR.  
Address 291 SOUTHHALL LANE  
City-State-Zip: MAITLAND FL 32751

Title PRESIDENT ELECT  
Name WARNER, NORMAN DR.  
Address 291 SOUTHHALL LANE  
City-State-Zip: MAITLAND FL 32751

Title PRESIDENT  
Name OLIN, DOUGLAS DR.  
Address 291 SOUTHHALL LANE  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name MICHAELS, ROBERT DR.  
Address 291 SOUTHHALL LANE  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name JAGER, BRIAN DR.  
Address 291 SOUTHHALL LN  
STE 201  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name ARCARIO, THOMAS DR.  
Address 291 SOUTHHALL LN  
STE 201  
City-State-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:** OLIN , DOUGLAS , DR.**PRESIDENT****02/26/2013**

Electronic Signature of Signing Officer/Director Detail

Date