2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2014
Secretary of State
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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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	D
Name	ARCARIO, THOMAS J M.D.
Address	291 SOUTHHALL LN STE 201
City-State-Zip:	MAITLAND FL 32751

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

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

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

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

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

Title	D
Name	MICHAELS, ROBERT M.D.
Address	291 SOUTHALL LANE
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: DR. NORMAN WARNER PRESIDENT 04/07/2014

Electronic Signature of Signing Officer/Director Detail — Date