2008 FOR PROFIT CORPORATION

ANNUAL REPORT

1. Entity Name

JLH BRADENTON, INC.

DOCUMENT # F00000006785



FILED Feb 20, 2008 08:00 A Secretary of State

Principal Place of Business

8901 SOUTH BOULEVARD CHARLOTTE, NC 28273

Mailing Address

8901 SOUTH BOULEVARD CHARLOTTE, NC 28273



02142008

No Chg-P

CR2E034 (11/05)

4. FEI Number 52-2253265 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RICKS, CHARLES V STREET ADDRESS 8901 SOUTH BOULEVARD In the fi CITY-ST-ZiP CHARLOTTE, NC 28273 TITLE COLSON, CHARLES R NAME

8901 SOUTH BOULEVARD STREET ADORESS CITY - ST - ZIP CHARLOTTE, NC 28273 TITLE NAME SHELTRA, MICHAEL D STREET ADDRESS 8901 SOUTH BOULEVARD CITY-ST-ZIP CHARLOTTE, NC 28273 TITLE AS MILLER, PAIGE A NAME 8901 SOUTH BLVD STREET ADDRESS CITY-ST-ZIP CHARLOTTE, NC 28273 AS RICKS, DENISE NAME STREET ADORESS 8901 SOUTH BLVD

CHARLOTTE, NC 28273

CHARLOTTE, NC 28273

WOODS, MATT

8901 SOUTH BLVD

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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME

CHARLES R. COLSON