

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001469

FILED
Apr 30, 2009
Secretary of State

Entity Name: JOERNS HEALTHCARE INC.

Current Principal Place of Business:

5001 JOERNS DR
STEVENS POINT, WI 544815040

New Principal Place of Business:

5001 JOERNS DR
STEVENS POINT, WI 544815040 US

Current Mailing Address:

2382 FARADAY AVE
STE 200
CARLSBAD, CA 92008

New Mailing Address:

2382 FARADAY AVE
STE 200
CARLSBAD, CA 92008 US

FEI Number: 20-5251510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAYER, GLEN
Address: 5001 JOERNS DR
City-St-Zip: STEVENS POINT, WI 544815040

Title: SD () Delete
Name: JAYE, STEVEN
Address: 2382 FARADAY AVE - STE 200
City-St-Zip: CARLSBAD, CA 92008

Title: ASD () Delete
Name: MOORE, CURTIS
Address: 2382 FARADAY AVE - STE 200
City-St-Zip: CARLSBAD, CA 92008

Title: TD () Delete
Name: SINASHON, SAM
Address: 2382 FARADAY AVE - STE 200
City-St-Zip: CARLSBAD, CA 92008

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GLEN
Address: 5001 JOERNS DR
City-St-Zip: STEVENS POINT, WI 544815040 US

Title: S (X) Change () Addition
Name: STEVEN
Address: 5001 JOERNS DR
City-St-Zip: STEVENS POINT, WI 54481 US

Title: D (X) Change () Addition
Name: MAYER, GLEN
Address: 5001 JOERNS DRIVE
City-St-Zip: STEVENS POINT, WI 54481 US

Title: D (X) Change () Addition
Name: LUDWIG, MARK
Address: 5001 JOERNS DRIVE
City-St-Zip: STEVENS POINT, WI 54481 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GLEN MAYER

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date