

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F07000001469

Entity Name: JOERNS HEALTHCARE INC.

**FILED**  
**Jul 14, 2009**  
**Secretary of State****Current Principal Place of Business:**5001 JOERNS DR  
STEVENS POINT, WI 544815040 US**New Principal Place of Business:****Current Mailing Address:**2382 FARADAY AVE  
STE 200  
CARLSBAD, CA 92008 US**New Mailing Address:**

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

**OFFICERS AND DIRECTORS:**Title: P ( ) Delete  
Name: GLEN  
Address: 5001 JOERNS DR  
City-St-Zip: STEVENS POINT, WI 544815040 USTitle: S ( ) Delete  
Name: STEVEN  
Address: 5001 JOERNS DR  
City-St-Zip: STEVENS POINT, WI 54481 USTitle: D ( ) Delete  
Name: MAYER, GLEN  
Address: 5001 JOERNS DRIVE  
City-St-Zip: STEVENS POINT, WI 54481 USTitle: D ( ) Delete  
Name: LUDWIG, MARK  
Address: 5001 JOERNS DRIVE  
City-St-Zip: STEVENS POINT, WI 54481 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change ( ) Addition  
Name: MAYER, GLEN  
Address: 5001 JOERNS DR  
City-St-Zip: STEVENS POINT, WI 544815040 USTitle: S (X) Change ( ) Addition  
Name: JAYE, STEVEN  
Address: 5001 JOERNS DR  
City-St-Zip: STEVENS POINT, WI 54481 USTitle: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

07/14/2009

Electronic Signature of Signing Officer or Director

Date