## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000001469

Entity Name: JOERNS HEALTHCARE INC.

FILED Feb 15, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5001 JOERNS DR

STEVENS POINT, WI 544815040 US

Current Mailing Address: New Mailing Address:

2382 FARADAY AVE 5001 JOERNS DR

STE 200 STEVENS POINT, WI 544815040 US 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: Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PRES

Name: LUDWIG, MARK Address: 5001 JOERNS DR

City-St-Zip: STEVENS POINT, WI 544815040 US

Title: SEC

Name: JAYE, STEVEN Address: 5001 JOERNS DR

City-St-Zip: STEVENS POINT, WI 54481 US

Title: DIR

Name: LUDWIG, MARK Address: 5001 JOERNS DRIVE

City-St-Zip: STEVENS POINT, WI 54481 US

Title: DIR

Name: DIEKELMAN, DEBBIE Address: 5001 JOERNS DRIVE

City-St-Zip: STEVENS POINT, WI 54481 US

Title: TREA

Name: DIEKELMAN, DEBBIE Address: 5001 JOERNS DRIVE

City-St-Zip: STEVENS POINT, WI 54481 US

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: DEBBIE DIEKELMAN DIR 02/15/2010