


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2008 8:00 am
Secretary of State

08-26-2008 90001 034 ***158.75

DOCUMENT # P07000046678	
1. Entity Name LMR HEALTH INC	

Principal Place of Business 37 ROCLAIR DRIVE SUITE 8 ORLANDO, FL 32804 US	Mailing Address 37 ROCLAIR DRIVE SUITE 8 ORLANDO, FL 32804 US
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2. Principal Place of Business - No P.O. Box # 14537 Marsh View Dr	3. Mailing Address 14537 Marsh View Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville FL	City & State Jacksonville FL
Zip 32250	Zip 32250
Country USA	Country USA

08222008 Chg-P CR2E034 (12/06)

4. FEI Number 20-88 32347	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BROWN, SAMUEL E 37 ROCLAIR DRIVE SUITE 8 ORLANDO, FL 32804

7. Name and Address of New Registered Agent
Name Brown Samuel E
Street Address (P.O. Box Number is Not Acceptable) 14537 Marsh View Dr
City Jacksonville FL
Zip Code 32250

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 Samuel E Brown Samuel E. Brown 8/23/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, SAMUEL E 37 ROCLAIR DRIVE, SUITE 8 ORLANDO, FL 32804 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brown, Samuel E 14537 Marsh View Dr Jacksonville, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: Samuel E Brown MD Samuel E. Brown 8/23/08 407-744-4144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #