


**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      Mailing Address

**37 ROCLAIR DRIVE**      **37 ROCLAIR DRIVE**  
**SUITE 8**      **SUITE 8**  
**ORLANDO, FL 32804 US**      **ORLANDO, FL 32804 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**14537 Marsh View Dr**      **14537 Marsh View Dr**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Jacksonville**      **Jacksonville**  
**FL 32**      **FL**

Zip      Country      Zip      Country

**32250**      **USA**      **32250**      **USA**

08222008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**20-88 32347**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

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      State      Zip Code  
**Jacksonville**      **FL**      **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.            \$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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, SAMUEL E</b>	NAME	<b>Brown, Samuel E</b>
STREET ADDRESS	<b>37 ROCLAIR DRIVE, SUITE 8</b>	STREET ADDRESS	<b>14537 Marsh View Dr</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32804</b>	CITY-ST-ZIP	<b>Jacksonville, FL 32250</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 #