


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90085 027 ***150.00

DOCUMENT # P12317
 1. Entity Name
JSA HEALTHCARE CORPORATION




Principal Place of Business Mailing Address
111 2ND AVE. NE, STE.-1500 **111 2ND AVE. NE, STE.-1500**
ST. PETERSBURG, FL 33701 **ST. PETERSBURG, FL 33701**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40054030

 03272007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
87-0408859 Not Applicable

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

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPD	<input checked="" type="checkbox"/> Delete
NAME	DAMKOEHLER, GARY L.	
STREET ADDRESS	111 2ND AVE. NE, STE.-1500	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	CORTORREAL, ANGEL C	
STREET ADDRESS	111 2ND AVE NE, STE 1500	
CITY-ST-ZIP	ST PETERSBURG, FL	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	GLISSON, LORIE B	
STREET ADDRESS	111 2ND AVE NE, STE 1500	
CITY-ST-ZIP	ST PETERSBURG, FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	POPE, DONNA M	
STREET ADDRESS	111 2ND AVE. NE, STE.-1500	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	DAMKOEHLER, GARY L	
STREET ADDRESS	111 2ND AVE NE SUITE 1500	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	
TITLE	COO	<input type="checkbox"/> Delete
NAME	CORTORREAL, ANGEL C	
STREET ADDRESS	111 2ND AVE NE SUITE 1500	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Kathleen Remo* Kathleen Remo CLO 3/28/07 727-828-2413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40054648
#P12317

JSA HEALTHCARE CORPORATION

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ADDITIONAL OFFICERS

Robert J. Margolis, M.D.
Chairman
19191 South Vermont Avenue
Suite 200
Torrance, CA 90502

Brian Schacker
Chief Financial Officer & Treasurer
111 Second Ave., NE, Suite 1500
St. Petersburg, FL 33701

Robert Clark
Chief Information Officer
111 Second Ave., NE, Suite 1500
St. Petersburg, FL 33701

Kathleen Premo
Chief Legal Officer & Secretary
111 Second Ave., NE, Suite 1500
St. Petersburg, FL 33701

Matthew Mazdyasni
Assistant Secretary
19191 South Vermont Avenue
Suite 200
Torrance, CA 90502