

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12317

FILED
Jan 26, 2010
Secretary of State

Entity Name: JSA HEALTHCARE CORPORATION

Current Principal Place of Business:

111 2ND AVE. NE, STE.-1500
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

111 2ND AVE. NE, STE.-1500
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 87-0408859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO
Name: GLISSON, LORIE B
Address: 111 2ND AVE NE, STE 1500
City-St-Zip: ST PETERSBURG, FL 33701 US

Title: AS
Name: MAZDYASNI, MATTHEW M
Address: 19191 S. VERMONT AVE, SUITE 200
City-St-Zip: TORRANCE, CA 90502 US

Title: COO
Name: CORTORREAL, ANGEL C
Address: 111 2ND AVE NE SUITE 1500
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: CLO
Name: PREMO, KATHLEEN
Address: 111 2ND AVE, NE, STE 1500
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: CFOT
Name: SCHACKER, BRIAN
Address: 111 2ND AVE, NE, STE 1500
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: CIO
Name: CLARK, ROBERT
Address: 111 2ND AVE, NE, STE 1500
City-St-Zip: SAINT PETERSBURG, FL 33701 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: BRIAN SCHACKER

CFOT

01/26/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date