2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2011
Secretary of State

DOCUMENT# P12317

Entity Name: JSA HEALTHCARE CORPORATION

Current Principal Place of Business:

10051 5TH ST., N., STE 200
ST. PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

10051 5TH ST., N., STE 200
ST. PETERSBURG, FL 33702

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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: GLISSON, LORIE B
Address: 10051 5TH ST., N., STE 200
City-St-Zip: ST PETERSBURG, FL 33702 US

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

Title: CFOT
Name: SCHACKER, BRIAN
Address: 10051 5TH ST., N., STE 200
City-St-Zip: SAINT PETERSBURG, FL 33702 US

Title: CLO
Name: PREMO, KATHLEEN
Address: 10051 5TH ST., N., STE 200
City-St-Zip: SAINT PETERSBURG, FL 33702 US

Title: CIO
Name: CLARK, ROBERT
Address: 10051 5TH ST., N., STE 200
City-St-Zip: SAINT PETERSBURG, FL 33702 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 CFO 01/07/2011

Electronic Signature of Signing Officer or Director — Date