

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000091001**

1. Corporation Name

**JR HEALTH MANAGEMENT, INC.**

Principal Place of Business

**12052 ROCKWELL WAY  
STE A  
BOCA RATON FL 33428  
US**

Mailing Address

**9844 SANDALFOOT BLVD  
STE A  
BOCA RATON FL 33428  
US**

**FILED**  
**Aug 27, 1999 8:00 am**  
**Secretary of State**

08-27-1999 90003 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/30/1995**

4. FEI Number

**65-0619457**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

**WEIN, JULIE M.  
9844 SANDALFOOT BLVD, STE A  
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WEIN, JULIE M**  
STREET ADDRESS **12052 ROCKWELL WAY**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☐ DELETE

NAME **WEIN, RONALD C**  
STREET ADDRESS **12052 ROCKWELL WAY**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**JULIE WEIN**

**7-26-99**

**561-477-1114**

CR2E034 (5/99)

0073317



6010060-90003-12  
P95000091001

Member AICPA  
Member FICPA

August 20, 1999

Florida Department Of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: JR Health Management, Inc., Profit Corporation Annual Report 1999  
#P95000091001

Dear Sir or Madam:

Our office files the Corporation Annual Reports for JR Health Management, Inc. After our client received the second notice, we reviewed our files and found that the First Notice was never received by the client.

We are therefore enclosing the completed Corporation Annual Report, and a new check for the amount of \$150.00. We respectfully request that you process this report as soon as possible.

We apologize for the inconvenience this may have caused your office and our client.

Sincerely,

Elizabeth A. Wilsman  
Certified Public Accountant

Enc.  
cc. JR Health Management, Inc.