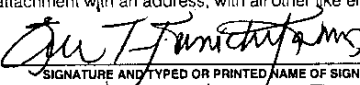


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90036 030 ***150.00

DOCUMENT # P97000008574 1. Entity Name JLR PROPERTIES, INC.					
Principal Place of Business 291 SOUTHHALL LANE MAITLAND, FL 32751			Mailing Address 291 SOUTHHALL LANE MAITLAND, FL 32751		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3422575	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ROBINSON, RICHARD M 201 EAST PINE STREET SUITE 1200 ORLANDO, FL 32801				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUNICHKA, ERIC T MD 291 SOUTHHALL LANE MAITLAND, FL 32751		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GALLO, E. BRUNO MD 291 SOUTHHALL LANE MAITLAND, FL 32751		☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OLIN, DOUGLAS A., M.D. 291 SOUTHHALL LANE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TBS TAO, DAVID G MD 291 SOUTHHALL LANE MAITLAND, FL 32751		☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS AXELROD, MAC, M.D. 291 SOUTHHALL LANE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCARIO, THOMAS MD 291 SOUTHHALL LANE MAITLAND, FL 32751		☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, THOMAS W., M.D. 291 SOUTHHALL LANE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARIANI, KAYVAN MD 291 SOUTHHALL LANE MAITLAND, FL 32751		☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURKEY, WILLIAM W., M.D. 291 SOUTHHALL LANE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, STEPHEN B 291 SOUTHHALL LANE MAITLAND, FL 32751		☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, G. EDWIN, M.D. 291 SOUTHHALL LANE MAITLAND, FL 32751
12. 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 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: 			ERIC T. KUNICHKA, M.D.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/20/05 Daytime Phone # (407) 667-0505		

40010571



01192005 Chg-P CR2E034 (10/03)