
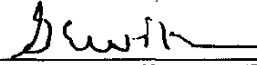


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90064 022 ***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		3. Mailing Address					
Suite, Apt. #, etc. SUITE 201		Suite, Apt. #, etc. SUITE 201					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-3422575	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ROBINSON, RICHARD M 201 EAST PINE STREET SUITE 1200 ORLANDO, FL 32801			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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KUNICHIKA, ERIC T MD		NAME	KUNICHIKA, M.D., ERIC.			
STREET ADDRESS	291 SOUTHHALL LANE		STREET ADDRESS	291 SOUTHHALL LANE, STE. 201			
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	MAITLAND, FL 32751			
TITLE	DV	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OLIN, DOUGLAS A M.D.		NAME	OLIN, M.D., DOUGLAS			
STREET ADDRESS	291 SOUTHHALL LANE		STREET ADDRESS	291 SOUTHHALL LANE, STE. 201			
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	MAITLAND, FL 32751			
TITLE	DTS	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AXELROD, MAC M.D.		NAME	AXELROD, M.D., MAC			
STREET ADDRESS	291 SOUTHHALL LANE		STREET ADDRESS	291 SOUTHHALL LANE, STE. 201			
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	MAITLAND, FL 32751			
TITLE	D	<input type="checkbox"/> Delete	TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ANDREWS, THOMAS W M.D.		NAME	MANN, M.D., MICHAEL			
STREET ADDRESS	291 SOUTHHALL LANE		STREET ADDRESS	291 SOUTHHALL LANE, STE. 201			
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	MAITLAND, FL 32751			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PURKEY, WILLIAM W M.D.		NAME				
STREET ADDRESS	291 SOUTHHALL LANE		STREET ADDRESS				
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILSON, G. EDWIN M.D.		NAME	WILSON, M.D., G. EDWIN			
STREET ADDRESS	291 SOUTHHALL LANE		STREET ADDRESS	291 SOUTHHALL LANE, STE. 201			
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	MAITLAND, FL 32751			
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: 		G. EDWIN WILSON, M.D., PRES.		3/7/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			

