2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007
Secretary of State

DOCUMENT# P97000008574

Entity Name: JLR PROPERTIES, INC.

Current Principal Place of Business:

291 SOUTHHALL LANE
STE 201
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

291 SOUTHHALL LANE
STE 201
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3422575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, RICHARD M
201 EAST PINE STREET
SUITE 1200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

SCHICK, DAVID
201 EAST PINE STREET
SUITE 1200
ORLANDO, FL 32801 US

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: DAVID SCHICK 03/02/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KUNICHIKA, ERIC T MD
Address: 291 SOUTHHALL LANE STE 201
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete
Name: OLIN, DOUGLAS A M.D.
Address: 291 SOUTH HALL LANE STE 201
City-St-Zip: MAITLAND, FL 32751

Title: V ( ) Delete
Name: AXELROD, MAC M.D.
Address: 291 SOUTH HALL LN STE 201
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete
Name: ANDREWS, THOMAS W M.D.
Address: 291 SOUTHHALL LANE
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete
Name: PURKEY, WILLIAM W M.D.
Address: 291 SOUTHHALL LANE
City-St-Zip: MAITLAND, FL 32751

Title: P ( ) Delete
Name: WILSON, G. EDWIN M.D.
Address: 291 SOUTH HALL LN STE 201
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TS (X) Change ( ) Addition
Name: MANN, MICHAEL M.D.
Address: 291 SOUTHHALL LANE STE 201
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Change ( ) Addition
Name: OLIN, DOUGLAS A M.D.
Address: 291 SOUTHHALL LANE STE 201
City-St-Zip: MAITLAND, FL 32751

Title: V (X) Change ( ) Addition
Name: AXELROD, MAC M.D.
Address: 291 SOUTHHALL LN STE 201
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Change ( ) Addition
Name: ARCARIO, THOMAS J M.D.
Address: 291 SOUTHHALL LANE
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Change ( ) Addition
Name: DOBSON, CHRISTOPHER E M.D.
Address: 291 SOUTHHALL LANE
City-St-Zip: MAITLAND, FL 32751

Title: P (X) Change ( ) Addition
Name: WILSON, G. EDWIN M.D.
Address: 291 SOUTHHALL LN STE 201
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: G. EDWIN WILSON MD P 03/02/2007
Electronic Signature of Signing Officer or Director Date