

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90002 041 ***150.00

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1. Entity Name
JLR PROPERTIES, INC.



Principal Place of Business
291 SOUTHHALL LANE
STE 201
MAITLAND, FL 32751

Mailing Address
291 SOUTHHALL LANE
STE 201
MAITLAND, FL 32751

40007000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3422575

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHICK, DAVID
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE TS ☒ Delete
NAME MANN, MICHAEL M.D.
STREET ADDRESS 291 SOUTHHALL LANE STE 201
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D ☒ Delete
NAME OLIN, DOUGLAS A M.D.
STREET ADDRESS 291 SOUTHHALL LANE STE 201
CITY-ST-ZIP MAITLAND, FL 32751

TITLE V ☐ Delete
NAME AXELROD, MAC M.D.
STREET ADDRESS 291 SOUTHHALL LN STE 201
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D ☐ Delete
NAME ARCARIO, THOMAS J M.D.
STREET ADDRESS 291 SOUTHHALL LANE
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D ☐ Delete
NAME DOBSON, CHRISTOPHER E M.D.
STREET ADDRESS 291 SOUTHHALL LANE
CITY-ST-ZIP MAITLAND, FL 32751

TITLE P ☐ Delete
NAME WILSON, G. EDWIN M.D.
STREET ADDRESS 291 SOUTHHALL LN STE 201
CITY-ST-ZIP MAITLAND, FL 32751

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME JAGER, BRIAN M.D.
STREET ADDRESS 291 SOUTHHALL LANE
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D ☐ Change ☒ Addition
NAME SPALDING, HOWARD K M.D.
STREET ADDRESS 291 SOUTHHALL LANE
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D ☐ Change ☒ Addition
NAME WARNER, NORMAN M.D.
STREET ADDRESS 291 SOUTHHALL LANE
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D ☐ Change ☒ Addition
NAME ANGERT, KEVIN C M.D.
STREET ADDRESS 291 SOUTHHALL LANE
CITY-ST-ZIP MAITLAND, FL 32751

TITLE P ☒ Change ☐ Addition
NAME AXELROD, MAC M.D.
STREET ADDRESS 291 SOUTHHALL LANE
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D ☒ Change ☐ Addition
NAME WILSON, G. EDWIN M.D.
STREET ADDRESS 291 SOUTHHALL LANE
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:

[Signature]

MAC AXELROD, MD

03/20/08

407-667-0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #