

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-02-2005 90036 027 ***150.00

DOCUMENT # P97000046486

1. Entity Name
JLR HOLDING COMPANY



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, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3448929

Applied For

Not Applicable

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

ROBINSON, RICHARD M
201 E. PINE ST., STE. 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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARCARIO, THOMAS J MD	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KUNICHKA, ERIC MD	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARIANI, KAYVAN MD	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	GALLO, BRUNO MD	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, STEPHEN A	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	DTS	<input checked="" type="checkbox"/> Delete
NAME	TAO, DAVID G MD	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREWS, THOMAS W., M.D.	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PURKEY, WILLIAM W., M.D.	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIN, DOUGLAS A., M.D.	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, G. EDWIN, M.D.	
STREET ADDRESS	291 SOUTHHALL LANE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	DTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AXELROD, MAC, 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 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.

ERIC T. KUNICHKA, M.D. 1/20/05 (407)667-0505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #