

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000046486

Entity Name: JLR HOLDING COMPANY

FILED
Mar 02, 2007
Secretary of State

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: 59-3448929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, RICHARD M
201 E. PINE ST., STE. 1200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

SCHICK, DAVID
201 E. PINE ST., STE. 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: ANDREWS MD, THOMAS W
Address: 291 SOUTHHALL LANE
City-St-Zip: MAITLAND, FL 32751

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

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

Title: D () Delete
Name: OLIN MD, DOUGLAS A
Address: 291 S HALL LN STE 201
City-St-Zip: MAITLAND, FL 32751

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

Title: V () Delete
Name: AXELROD MD, MAC
Address: 291 S HALL LN STE 201
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ARCARIO MD, THOMAS J
Address: 291 SOUTHHALL LN STE 201
City-St-Zip: MAITLAND, FL 32751

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

Title: D (X) Change () Addition
Name: DOBSON MD, CHRISTOPHER E
Address: 291 SOUTHHALL LN STE 201
City-St-Zip: MAITLAND, FL 32751

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

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

Title: V (X) Change () Addition
Name: AXELROD MD, MAC
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