

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000083958

FILED  
Apr 18, 2011  
Secretary of State

Entity Name: LEJEUNE HEALTH CARE GROUP, INC.

**Current Principal Place of Business:**

14050 NW 14TH STREET  
SUITE 190  
FT. LAUDERDALE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

265 BROOKVIEW CENTRE WAY, SUITE 400  
ATTN: LEGAL  
KNOXVILLE, TN 37919

**New Mailing Address:**

FEI Number: 65-0951316      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HOLTZCLAW, STEPHEN MD  
Address: 14050 NW 14TH STREET, SUITE 190  
City-St-Zip: FT. LAUDERDALE, FL 33323

Title: VP  
Name: ROGERS, OLIVER  
Address: 14050 NW 14TH STREET, SUITE 190  
City-St-Zip: FT. LAUDERDALE, FL 33323

Title: AS  
Name: STAIR, JOHN  
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400  
City-St-Zip: KNOXVILLE, TN 37919

Title: AT  
Name: BELMAR, CAROLE  
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400  
City-St-Zip: KNOXVILLE, TN 37919

I hereby 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 all other like empowered.

SIGNATURE: JOHN STAIR

AS

04/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date