

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000046486

**Entity Name:** JLR HOLDING COMPANY

**Current Principal Place of Business:**

291 SOUTHHALL LANE  
STE 201  
MAITLAND, FL 32751

**Current Mailing Address:**

291 SOUTHHALL LANE  
STE 201  
MAITLAND, FL 32751

**FEI Number:** 59-3448929

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name ARCARIO, THOMAS J M.D.  
Address 291 SOUTHHALL LN STE 201  
City-State-Zip: MAITLAND FL 32751

Title VP  
Name JONES, KURT M.D.  
Address 291 SOUTHHALL LN STE 201  
City-State-Zip: MAITLAND FL 32751

Title PRESIDENT  
Name WARNER, NORMAN M.D.  
Address 291 SOUTHHALL LANE  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name OLIN, DOUGLAS A MD  
Address 291 SOUTHHALL LANE  
City-State-Zip: MAITLAND FL 32751

Title D  
Name MICHAELS, ROBERT M.D.  
Address 291 SOUTHHALL LANE  
City-State-Zip: MAITLAND FL 32751

*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: NORMAN WARNER**

**PRESIDENT**

**02/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date