

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121304

FILED
Apr 11, 2005
Secretary of State

Entity Name: JUST ACUTE MEDICINE, P.A.

Current Principal Place of Business:

3389 SHERIDAN STREET, #104
HOLLYWOOD, FL 33021

New Principal Place of Business:

3389 SHERIDAN STREET, #104
HOLLYWOOD, FL 33021 US

Current Mailing Address:

3389 SHERIDAN STREET, #104
HOLLYWOOD, FL 33021

New Mailing Address:

3389 SHERIDAN STREET, #104
HOLLYWOOD, FL 33021 US

FEI Number: 01-0581620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTREPID REGISTERED AGENT SERVICES, INC.
225 WATER STREET
SUITE 2020
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 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: GWEN HUTCHESON GRIGGS, EVP

04/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PASHA, MARYAM M MD
Address: 3389 SHERIDAN STREET, #104
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PASHA, MARYAM M MD
Address: 3389 SHERIDAN STREET, #104
City-St-Zip: HOLLYWOOD, FL 33021 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARYAM M. PASHA, M.D.

P

04/11/2005

Electronic Signature of Signing Officer or Director

Date