

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121304

Entity Name: JUST ACUTE MEDICINE, P.A.

FILED
Apr 19, 2007
Secretary of State

Current Principal Place of Business:

221 NORTH HOGAN STREET, SUITE 401
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

221 NORTH HOGAN STREET
SUITE 401
JACKSONVILLE, FL 32202 US

Current Mailing Address:

221 NORTH HOGAN STREET, SUITE 401
JACKSONVILLE, FL 32202 US

New Mailing Address:

221 NORTH HOGAN STREET
SUITE 401
JACKSONVILLE, FL 32202 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, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

CONTEGA BUSINESS 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: CHRISTIAN M. COX, VP

04/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: PASHA, MARYAM M MD
Address: 221 NORTH HOGAN STREET, SUITE 401
City-St-Zip: JACKSONVILLE, FL 32202 US

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: MARYAM M. PASHA, MD

PSTD

04/19/2007

Electronic Signature of Signing Officer or Director

Date