

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121304

Entity Name: JUST ACUTE MEDICINE, P.A.

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

401 EAST 8TH STREET
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

221 NORTH HOGAN STREET
SUITE 401
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 01-0581620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTEGA BUSINESS SERVICES, LLC
554 LOMAX STREET
JACKSONVILLE, FL 32204 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: G. RAY DRIVER, JR., P

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (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 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

DPST

04/17/2009

Electronic Signature of Signing Officer or Director

Date