

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 30 AM 9:00

DOCUMENT # **S13202** (4)

1. Corporation Name:  
**JULIETTE LOMAX-HOMER, M.D. FACOG, P.A.**

Principal Place of Business <b>2400 NEBRASKA AVENUE SUITE 202 FORT PIERCE FL 34950-4832</b>	Mailing Address <b>2400 NEBRASKA AVENUE SUITE 202 FORT PIERCE FL 34950-4832</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/30/1990</b>	3a. Date of Last Report <b>03/18/1994</b>
4. FEI Number <b>65-0230498</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1304 N. Lawnwood Circle</b>	2a. Mailing Address 26 <b>1304 N. Lawnwood Circle</b>		
22 Suite, Apt. #, etc <b>-</b>	27 Suite, Apt. #, etc <b>-</b>		
23 City & State <b>Fort Pierce, FL</b>	28 City & State <b>Fort Pierce, FL</b>		
24 Zip <b>34950</b>	25 Country	29 Zip <b>34950</b>	30 Country

9. Name and Address of Current Registered Agent <b>SIMMONS, EVETT L., ESQUIRE 10020 SOUTH FEDERAL HIGHWAY PORT ST. LUCIE FL 34952</b>		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85	86 Zip Code
		<b>FL</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE <b>DP</b>	12.2 NAME <b>LOMAX HOMIER JULIETTE</b>	13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.3 STREET ADDRESS <b>3600 WILDERNESS DRIVE</b>		13.2 NAME	
12.4 CITY, ST, ZIP <b>FORT PIERCE FL</b>		13.3 STREET ADDRESS	
12.5 TITLE		13.4 CITY, ST, ZIP	
12.6 NAME		13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.7 STREET ADDRESS		13.6 NAME	
12.8 CITY, ST, ZIP		13.7 STREET ADDRESS	
12.9 TITLE		13.8 CITY, ST, ZIP	
12.10 NAME		13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.11 STREET ADDRESS		13.10 NAME	
12.12 CITY, ST, ZIP		13.11 STREET ADDRESS	
12.13 TITLE		13.12 CITY, ST, ZIP	
12.14 NAME		13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.15 STREET ADDRESS		13.14 NAME	
12.16 CITY, ST, ZIP		13.15 STREET ADDRESS	
12.17 TITLE		13.16 CITY, ST, ZIP	
12.18 NAME		13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.19 STREET ADDRESS		13.18 NAME	
12.20 CITY, ST, ZIP		13.19 STREET ADDRESS	
12.21 TITLE		13.20 CITY, ST, ZIP	
12.22 NAME		13.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.23 STREET ADDRESS		13.22 NAME	
12.24 CITY, ST, ZIP		13.23 STREET ADDRESS	
12.25 TITLE		13.24 CITY, ST, ZIP	
12.26 NAME		13.25 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.27 STREET ADDRESS		13.26 NAME	
12.28 CITY, ST, ZIP		13.27 STREET ADDRESS	
12.29 TITLE		13.28 CITY, ST, ZIP	
12.30 NAME		13.29 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.31 STREET ADDRESS		13.30 NAME	
12.32 CITY, ST, ZIP		13.31 STREET ADDRESS	

14. I hereby certify that the information supplied with this filing is substantially true and correct and that I am duly qualified for the appointment under the laws of the State of Florida. I further certify that the information furnished on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the recipient of further appointment to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or 13 of this filing changed, or on an attachment with an address.

SIGNATURE: *Juliette Lomax-Homer* **3-26-95 (409)**  
DATE: **489-6636**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR