

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S13202

**FILED
Oct 28, 2004
Secretary of State**

Entity Name: JUST LADIES HEALTHCARE, P.A.

Current Principal Place of Business:

1304 N. LAWNWOOD CIR.
FORT PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

1304 N. LAWNWOOD CIR.
FORT PIERCE, FL 34950 US

New Mailing Address:

FEI Number: 65-0230498 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SIMMONS, EVETT L
145 CENTRAL PARK PLAZA
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LOMAX HOMIER JULIETT, E
Address: 10880 KIMBERFIELD LN
City-St-Zip: PORT ST LUICE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JULIETTE LOMAX-HOMIER.

DR

10/28/2004

Electronic Signature of Signing Officer or Director

Date