

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S13202

1. Entity Name
JUST LADIES HEALTHCARE, P.A.



Principal Place of Business
1304 N. LAWNWOOD CIR.
FORT PIERCE, FL 34950 US

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

FILED
Aug 18, 2008 08:00 AM
Secretary of State



07242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0230498 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000957886
08/18/08-80006-023 550.00

10. OFFICERS AND DIRECTORS

TITLE	DR
NAME	LOMAX HOMIER JULIETTE
STREET ADDRESS	10880 KIMBERFYLD LANE
CITY-ST-ZIP	PORT ST LUCIE, FL 34986
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jalote...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 17, 2008
Date Daytime Phone #