

S13202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

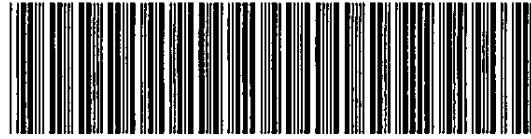
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000226135660

04/02/12--01007--019 **35.00

Dissemination
[Signature]
4-4-12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR -2 AM 8:45

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Just Ladies Healthcare, P.A.

DOCUMENT NUMBER: 513202

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juliette Lomax-Homer, M.D.

(Name of Contact Person)

JUST LADIES Healthcare, P.A.

(Firm/Company)

1304 N. LAWWOOD Cir.

(Address)

Ft. Pierce, FL 34950

(City/State and Zip Code)

For further information concerning this matter, please call:

Juliette Lomax-Homer, M.D. at (772) 489-6636

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Just Ladies Healthcare, P.A.

SECOND: The document number of the corporation (if known):

513202

THIRD: The date dissolution was authorized:

Dec 29, 2011

Effective date of dissolution if applicable:

2011

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

[X] Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

[] Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: Joliette Lomax-Howler
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Joliette Lomax-Howler, M.D.
(Typed or printed name of person signing)

Director
(Title of person signing)

Filing Fee: \$35

FILED
2012 APR -2 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provide in s.607.1407,F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation : **Just Ladies Healthcare, P.A.**

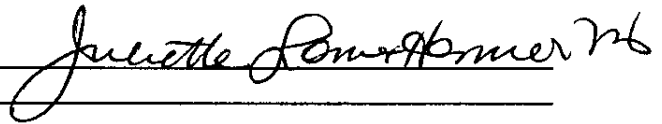
Name of Claimant: **Juliette Lomax-Homier, for Just Ladies Healthcare, P.A.**

The P.A. is no longer seeing patients, as of October 1, 2010. The P.A. was kept open until December 2011 , so that all debts could be satisfied. All taxes due have been satisfied.

Mailing address where claims can be sent in the future: 1304 N. Lawnwood Circle, Fort Pierce, Florida 34950 (care of Juliette Lomax-Homier, M.D.).

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Juliette Lomax-Homier, M.D.



Name of person filing

Signature of Person Filing

March 29, 2012