



**Certificate of Occupancy**  
**Office of Zoning Administration**  
**CITY OF SHREVEPORT, LA**

DATE OF ISSUANCE: August 14, 2024

CERTIFICATE NO: 24-757-COC

*THIS CERTIFICATE IS ISSUED IN COMPLIANCE WITH THE PROVISIONS OF ALL ORDINANCES OF THE CITY OF SHREVEPORT PERTINENT THERETO:*

NAME OF BUSINESS: **OUI DOCTOR LLC**

ADDRESS: **700 TEXAS ST STE 101**

PHONE: **(318) 458-6245**

TYPE OF BUSINESS: **MEDICAL OFFICE**

*(NOTE: MUST BE A USE LISTED IN THE ZONING ORDINANCE)*

PROPERTY ZONED: **D-1-AC**

CASE NO. IF APPLICABLE: **N/A**

**REMARKS:**

**NOT A SEXUALLY ORIENTED BUSINESS**

**EXPIRES, IF APPLICABLE:**

**OTHER COMMENTS: NEW MEDICAL OFFICE FOR WEIGHT LOSS MANAGEMENT AND HORMONE REPLACEMENT**

**OWNER OF BUSINESS: JACOB MCSHARMA**

**REGINALD P. JORDAN**

**ISSUING OFFICIAL (TYPED)**

**SIGNATURE OF ISSUING OFFICIAL**

*THIS CERTIFICATE IS NOT AN OCCUPATIONAL LICENSE (PLACE IN A CONSPICUOUS PLACE)*

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**CITY OF SHREVEPORT, LA**  
**(KEEP FOR FUTURE REFERENCE)**

CERTIFICATE NO: 24-757-COC

**IF YOUR BUSINESS CLOSED DURING THE YEAR PLEASE NOTIFY: CITY OF SHREVEPORT, REVENUE DIVISION, P.O. BOX 30002, SHREVEPORT, LA 71130**

**A NEW CERTIFICATE OF OCCUPANCY MUST BE OBTAINED FROM THE ZONING OFFICE; AND IF A "LIQUOR LICENSE" WAS ISSUED, PLEASE NOTIFY THE SHREVEPORT POLICE DEPARTMENT, ABO OFFICE, IF ANY OF THE FOLLOWING OCCUR:**

1. CHANGE THE NAME OF THE BUSINESS
2. CHANGE OWNERSHIP
3. MOVE OR OPEN A NEW LOCATION
4. EXPAND SERVICES OR FACILITIES AT THE PRESENT LOCATION