

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000050098

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: NOVA CARE MEDICAL CENTER, INC.

**Current Principal Place of Business:**

6327 SR 54  
SUITE 4  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

6327 SR 54  
NEW PORT RICHEY, FL 34653

**Current Mailing Address:**

6327 SR 54  
SUITE 4  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

6327 SR 54  
NEW PORT RICHEY, FL 34653

FEI Number: 20-8903648

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CRUZ, JOSE L  
3445 HERON ISLAND DRIVE  
NEW PORT RICHEY, FL 34655 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CRUZ, JOSE L  
Address: 3445 HERON ISLAND DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP ( ) Delete  
Name: CRUZ, VIRTUDES M  
Address: 3445 HERON ISLAND DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34655

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: VIRTUDES M CRUZ

VP

03/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date