


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000132834	
1. Entity Name ALFREDO NOVA, M.D., P.A.	

Principal Place of Business 1405 CENTERVILLE ROAD SUITE 4000 TALLAHASSEE, FL 32308	Mailing Address 1405 CENTERVILLE ROAD SUITE 4000 TALLAHASSEE, FL 32308
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**DO NOT WRITE IN THIS SPACE**

04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0339927	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  NOVA, ALFREDO 1405 CENTERVILLE ROAD SUITE 4000 TALLAHASSEE, FL 32308
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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 \_\_\_\_\_ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVA ALFREDO, 1405 CENTERVILLE ROAD SUITE 4000 TALLAHASSEE, FL 32308
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U00000356045  
05/04/05-80019-025 158.75

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Alfredo Nova  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 850 942-7752  
Date Daytime Phone #