

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132834

Entity Name: ALFREDO NOVA, M.D., P.A.

Current Principal Place of Business:

2110 CENTERVILLE ROAD
SUITE B
TALLAHASSEE, FL 32308

Current Mailing Address:

2110 CENTERVILLE ROAD
SUITE B
TALLAHASSEE, FL 32308

FEI Number: 20-0339927

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOVA, ALFREDO
2110 CENTERVILLE ROAD
SUITE B
TALLAHASSEE, FL 32308 US

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

Officer/Director Detail :

Title M.D.
Name NOVA, ALFREDO
Address 2110 CENTERVILLE ROAD SUITE B
City-State-Zip: TALLAHASSEE FL 32308

I hereby 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 all other like empowered.

SIGNATURE: ALFREDO NOVA

PHYSICIAN

03/25/2013

Electronic Signature of Signing Officer/Director Detail

Date