

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000093974

**Entity Name:** NOVO HEALTHCARE, INC

**Current Principal Place of Business:**

4801 S UNIVERSITY DRIVE  
104  
DAVIE, FL 33326

**Current Mailing Address:**

4801 S UNIVERSITY DRIVE  
104  
DAVIE, FL 33326

**FEI Number:** 46-1454206

**Certificate of Status Desired:** No

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

LAFRATTA, LUIS F  
4801 SOUTH UNIVERSITY DRIVE  
104  
DAVIE, FL 33326 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            D  
Name            LAFRATTA, LUIS F  
Address        4801 SOUTH UNIVERSITY DRIVE #104  
  
City-State-Zip: DAVIE FL 33326

Title            D  
Name            HASTINGS, SPENCER  
Address        4801 SOUTH UNIVERSITY DRIVE #104  
  
City-State-Zip: DAVIE FL 33326

Title            T  
Name            PANAGOS & ASSOCIATES CPAS, LLC  
Address        2893 EXECUTIVE PARK DR STE 102  
  
City-State-Zip: WESTON FL 33331

*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:** LUIS F LAFRATTA

D

04/12/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date