

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L19000065140

**Entity Name:** NOVA MEDICAL SOLUTIONS LLC

**Current Principal Place of Business:**

18579 HARBOR LIGHT WAY  
BOCA RATON, FL 33498

**Current Mailing Address:**

18579 HARBOR LIGHT WAY  
BOCA RATON, FL 33498 US

**FEI Number:** 83-3975984

**Certificate of Status Desired:** No

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

CAMPOS, ONILDO  
18579 HARBOR LIGHT WAY  
BOCA RATON, FL 33498 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:** CAMPOS ONILDO

11/14/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name CAMPOS, ONILDO  
Address 18579 HARBOR LIGHT WAY  
City-State-Zip: BOCA RATON FL 33498

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ONILDO CAMPOS NETO

OWNER

11/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date