

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 18 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99/4701

1. Entity Name

The Nova Health Group, L.L.C.

Principal Place of Business

Mailing Address

6928 Lismore Avenue  
Boynton Beach, Florida 33437

2. Principal Place of Business

6508 LANDINGS CT.

Suite, Apt. #, etc.

3. Mailing Address

6508 LANDINGS CT.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

91-1989945

Applied For

Not Applicable

Zip

33496

Country

USA

Zip

33496

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Ellis B. Norsoph, M.D.  
6928 Lismore Avenue  
Boynton Beach, Florida 33437

7. Name and Address of New Registered Agent

Name ELLIS B. NORSOPH MD

Street Address (P.O. Box Number is Not Acceptable)

6508 LANDINGS COURT

City

BOCA RATON

FL

Zip Code

33496

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/10/00

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE Managing Member ☐ Delete  
NAME Ellis B. Norsoph, M.D.  
STREET ADDRESS 6928 Lismore Avenue  
CITY-ST-ZIP Boynton Beach, Florida 33437

10. ADDITIONS/CHANGES

TITLE MANAGING MEMBER ☒ Change ☐ Addition  
NAME ELLIS B. NORSOPH MD  
STREET ADDRESS 6508 LANDINGS CT.  
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**100003285481-1**  
**-06/12/00--01119--021**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Ellis B. Norsoph

Date

5/10/00

Daytime Phone #

561-998-2221

CR2E083 (11/99)