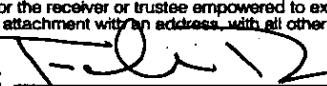


2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90214 040 ****61.25

DOCUMENT # N99000007460			
1. Entity Name NOVA HEALTHCARE NETWORK, INC			
Principal Place of Business 1490 W 49 th Place STE 410 HIALEAH FL 33012		Mailing Address SAME	
2. Principal Place of Business 1490 W. 49 th Place Suite, Apt. #, etc. 410		3. Mailing Address Suite, Apt. #, etc.	
City & State HIALEAH FL		City & State	
Zip 33012	Country MIAMI DADE	Zip	Country
4. FEI Number 65-0968471		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COSME DE LA TORRIENTE ESQ 155 S.W. 25 th RD MIAMI FL 33129		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
FILE NOW! FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FABIAN S. DIAZ 10750 NW 66ST B410 MIAMI FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL H. ADER ☐ Delete 1717 NO. BAYSHORE DR MIAMI FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERNESTO A. MONTANER ☐ Delete 2333 BRICKELL AVE #1808 MIAMI FL 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRACIELA GUERRA ☐ Delete 782 NW 42 Ave #636 MIAMI FL 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADELFA FRAU ☐ Delete 2594 W 72ST. HIALEAH, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 617, 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:  FABIAN S. DIAZ PRES. 4/26/01 (305) 9873744 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

A0065411

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)