**FILED**
**Apr 27, 2005 08:00 AM**
**Secretary of State**

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000032289

1. Entity Name
NOVA MEDICAL SYSTEMS CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 6414 NW 82ND AVENUE<br>MIAMI, FL 33166 | 6414 NW 82ND AVENUE<br>MIAMI, FL 33166 |

04222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
65-0994548
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VARELA, MARDIN
4424 NW 72 WAY
DAVIE, FL 33314

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ Date
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Or IE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000336089
04/27/05-80111-013 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DPS |
| NAME | VARELA, MARDIN |
| STREET ADDRESS | 4424 NW 72 WAY |
| CITY-ST-ZIP | DAVIE, FL 33314 |
| TITLE | DT |
| NAME | VARELA, YOLANDA |
| STREET ADDRESS | 4424 NW 72 WAY |
| CITY-ST-ZIP | DAVIE, FL 33314 |
| TITLE | V |
| NAME | FLORES, VLADIMIR |
| STREET ADDRESS | 884 SIESTA KEY CR #2811 |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33441 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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 607, 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:** _____ 04/22/05 305 597 0322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

04/18/2005 16:13 305-597-5189 RAFAEL MODEL CPA PA