2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000032289

Name:

Address:

City-St-Zip:

FLORES, VLADIMIR

684 SIESTA KEY CR #2811

DEERFIELD BEACH, FL 33441

Entity Name: NOVA MEDICAL SYSTEMS CORPORATION

FILED Aug 01, 2006 Secretary of State

| Current P | rincipal Place | of Business: | New Principal Place | New Principal Place of Business: | |
|---|---|--|---|---|--|
| 6414 NW 8 MIAMI, FL | 82ND AVENUI 33166 | ≣ | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 6414 NW 8 MIAMI, FL | 82ND AVENUI 33166 | ≣ | | | |
| FEI Number | : 65-0994548 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| | 72 WAY . 33314 US | | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| Election Ca | mpaign Financin | 3(2)(b), F.S., the corporation did no g Trust Fund Contribution (). | • | EC TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | S AND DIREC DPS (VARELA, MARI 4424 NW 72 W DAVIE, FL 333 |) Delete DIN KAY | Title: Name: Address: City-St-Zip: | ES TO OFFICERS AND DIRECTORS: () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DT (VARELA, YOLA 4424 NW 72 W DAVIE, FL 333 | /AY | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: | V (|) Delete | Title: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARDIN VARELA DOP 08/01/2006