

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000032289

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Entity Name:** NOVA MEDICAL SYSTEMS CORPORATION

**Current Principal Place of Business:**

4101 SW 47TH AVE, SUITE 105  
DAVIE, FL 33314

**New Principal Place of Business:**

4101 SW 74TH WAY  
DAVIE, FL 33314

**Current Mailing Address:**

4101 SW 47TH AVE, SUITE 105  
DAVIE, FL 33314

**New Mailing Address:**

4101 SW 74TH WAY  
DAVIE, FL 33314

**FEI Number:** 65-0994548

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VARELA, MARDIN  
4101 SW 74TH WAYWAY  
DAVIE, FL 33314 US

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

VARELA, MARDIN  
4101 SW 74TH WAY  
DAVIE, FL 33314 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: MARDIN VARELA

03/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: VARELA, MARDIN  
Address: 4101 SW 74TH WAY  
City-St-Zip: DAVIE, FL 33314

Title: V  
Name: FLORES, VLADIMIR  
Address: 684 SIESTA KEY CR #2811  
City-St-Zip: DEERFIELD BEACH, FL 33441

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 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 all other like empowered.

SIGNATURE: MARDIN VARELA

DPS

03/07/2011

Electronic Signature of Signing Officer or Director

Date