

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 11, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000089188**1. Entity Name
NOVAK HEALTHCARE CONSULTING, INC.Principal Place of Business
3421 MAHONEY DR
TALLAHASSEE FL 32308
Mailing Address
3421 MAHONEY DR
TALLAHASSEE FL 323082. Principal Place of Business
3421 MAHONEY DR
3. Mailing Address
3421 MAHONEY DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TALLAHASSEE FL
City & State
TALLAHASSEE FLZip
32309
Country
Zip
32309
Country4. FEI Number ☒ Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**6. Name and Address of Current Registered Agent**NOVAK SUSAN S
3421 MAHONEY DR
TALLAHASSEE FL 32308**7. Name and Address of New Registered Agent**Name
NOVAK SUSAN S
Street Address (P.O. Box Number is Not Acceptable)
3421 MAHONEY DR
City
TALLAHASSEE FL Zip Code
32309

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 _____ 09/11/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	NOVAK MICHAEL J	
STREET ADDRESS	3421 MAHONEY DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOVAK JOHN MJR	
STREET ADDRESS	3421 MAHONEY DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	S	<input type="checkbox"/> Delete
NAME	NOVAK LAURA JEAN	
STREET ADDRESS	3421 MAHONEY DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	V	<input type="checkbox"/> Delete
NAME	NOVAK JOHN M	
STREET ADDRESS	3421 MAHONEY DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	PT	<input type="checkbox"/> Delete
NAME	NOVAK SUSAN S	
STREET ADDRESS	3421 MAHONEY DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVAK MICHAEL J	
STREET ADDRESS	3421 MAHONEY DR	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVAK JOHN MJR	
STREET ADDRESS	3421 MAHONEY DR	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVAK LAURA JEAN	
STREET ADDRESS	3421 MAHONEY DR	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVAK JOHN M	
STREET ADDRESS	3421 MAHONEY DR	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVAK SUSAN S	
STREET ADDRESS	3421 MAHONEY DR	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan S. Novak

PT 09/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)