

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000098613

Entity Name: NOVA HEALTH, INC.

FILED  
Mar 13, 2005  
Secretary of State

## Current Principal Place of Business:

1465 NE 123 ST., PH6  
MIAMI, FL 33161

## New Principal Place of Business:

2170 BAY DR W, APT21  
MIAMI BEACH, FL 33141

## Current Mailing Address:

1465 NE 123 ST., PH6  
MIAMI, FL 33161

## New Mailing Address:

2170 BAY DR W, APT21  
MIAMI BEACH, FL 33141

FEI Number: 65-1051764

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOPEZ, ELCIDA  
1465 NE 123 ST., PH6  
MIAMI, FL 33161 US

## Name and Address of New Registered Agent:

LOPEZ, ELCIDA  
2170 BAY DR W, APT21  
MIAMI BEACH, FL 33141 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: BELKIS DENIS

03/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DENIS, BELKIS  
Address: 1465 NE 123 ST., PH6  
City-St-Zip: MIAMI, FL 33161

Title: VD ( ) Delete  
Name: LOPEZ, ELCIDA  
Address: 1465 NE 123 ST., PH6  
City-St-Zip: MIAMI, FL 33161

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DENIS, BELKIS  
Address: 2170 BAY DR W, APT21  
City-St-Zip: MIAMI BEACH, FL 33141

Title: VD (X) Change ( ) Addition  
Name: LOPEZ, ELCIDA  
Address: 2170 BAY DR W, APT21  
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: BELKIS DENIS

PD

03/13/2005

Electronic Signature of Signing Officer or Director

Date