

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000050612

FILED
Aug 28, 2007
Secretary of State

Entity Name: VINCENZO NOVARA, M.D., P.A.

Current Principal Place of Business:

8925 COLLIND AVE., #4D
MIAMI BCH, FL 33154

New Principal Place of Business:

3850 NE 168TH STREET
NORTH MIAMI BEACH, FL 33160

Current Mailing Address:

8925 COLLIND AVE., #4D
MIAMI BCH, FL 33154

New Mailing Address:

3850 NE 168TH STREET
NORTH MIAMI BEACH, FL 33160

FEI Number: 20-4734313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOVARA, VINCENZO
8925 COLLIND AVE., #4D
MIAMI BCH, FL 33154 US

Name and Address of New Registered Agent:

NOVARA, VINCENZO
3850 NE 168TH STREET
NORTH MIAMI BEACH, FL 33160 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: VINCENZO NOVARA

08/28/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NOVARA, VINCENZO
Address: 8925 COLLIND AVE., #4D
City-St-Zip: MIAMI BCH, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NOVARA, VINCENZO
Address: 3850 NE 168TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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

SIGNATURE: VINCENZO NOVARA

M.D.

08/28/2007

Electronic Signature of Signing Officer or Director

Date