

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000011472

**Entity Name:** NOVA MEDICAL OF SWF, INC.

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8660 COLLEGE PKWY  
400  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

8660 COLLEGE PKWY  
400  
FORT MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** 26-4176741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KING, CRAIG  
10630 MCGREGOR BOULEVARD  
FORT MYERS, FL 33919 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LONG, ROBERT  
Address: 5835 WILD FIG LN  
City-St-Zip: FORT MYERS, FL 33919

Title: VS  
Name: LONG, BOB  
Address: 5835 WILD FIG LANE  
City-St-Zip: FORT MYERS, FL 33919

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: ROBERT W. LONG

PRES

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date