2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2012
Secretary of State

DOCUMENT# P09000011472

Entity Name: NOVA MEDICAL OF SWF, INC.

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

Title: SEC
Name: SULLIVAN, SHARON C
Address: 5835 WILD FIG LN
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: SHARON C SULLIVAN SEC 02/09/2012

Electronic Signature of Signing Officer or Director — Date