

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000000198

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

**Entity Name:** NOVARE LIBRARY SERVICES, INC.

**Current Principal Place of Business:**

4881 81ST AVE N.  
PINELLAS PARK, FL 33781 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1663  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

P.O. BOX 1663  
TARPON SPRINGS, FL 34688 US

**FEI Number:** 27-4436085

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OPYD, MARK D  
407 TANGERINE DRIVE  
OLDSMAR, FL 34677 US

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

SILVEIRA, DIANA MS  
1460 RIDGE TER  
TARPON SPRINGS, FL 34689 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: DIANA SILVEIRA

01/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CIO  
Name: OPYD, MARK D  
Address: 407 TANGERINE DRIVE  
City-St-Zip: OLDSMAR, FL 34677 US

Title: P/TR  
Name: SILVEIRA, DIANA S  
Address: 1460 RIDGE TERRACE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: CTO  
Name: MAIRN, CHAD  
Address: 2174 6TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713 US

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: DIANA SILVEIRA

PRES

01/27/2012

Electronic Signature of Signing Officer or Director

Date