

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000003435

**FILED**  
**Feb 12, 2012**  
**Secretary of State**

**Entity Name:** NOVAL MEDICAL SERVICES CORP

**Current Principal Place of Business:**

300 NW 86 PL  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

300 NW 86 PL  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 27-4601177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DE LA NOVAL, YEMILCE  
300 NW 86 PL  
MIAMI, FL 33126 US

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

MONZON, PABLO J SR.  
300 NW 86 PL  
MIAMI, FL 33126 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: PABLO J. MONZON

02/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MONZON, PABLO J SR.  
Address: 300 NW 86 PL  
City-St-Zip: MIAMI, FL 33126

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: PABLO J. MONZON

P

02/12/2012

Electronic Signature of Signing Officer or Director

Date