P12 0000 86166

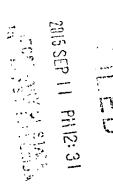
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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SEP 1 6 2015

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Norman S. Novi's, M.D. PA Name of Corporation			
DOCUMENT NUMBER: \$12000086166			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Along Novis Name of Contact Person			
Norman S. Novis MD PA			
BOI Highway 466, Suite B-101			
Lady Lake, FL 32159 City/State and Zip Code			
TSDKUITT Quanto. com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Along Novis at (352) 406-0105 Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Street Address: Amendment Section			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.
1. The name of the corporation: Norman S. Novis, MD, PA
2. The principal office address: 801 Highway 466, Suite B-101
Lady Lake, FL 32159
3. The mailing address (if different): P.O. Box 65B
Fruitland Park, FL 34731
4. Date of incorporation/qualification: 10/08/2012 Document number: P12000086186
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Norman S. Novis MD
1008 Myrtle Breezes Court
Fruitland Park, FL 34731
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
~/A
P.O. Box NOT acceptable
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Norman S. NOVIS - PRESIDENT Signature of an officer or director Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent 9/9/15 Date
If signing on behalf of an entity:
NORMAN S NOVIS Typed or Printed Name
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *