

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000075140 (2)

1. Corporation Name

NOVAMED CORPORATION



Principal Place of Business

8208 NW 68TH ST.
MIAMI FL 33152

Mailing Address

P.O. BOX 522365
MIAMI FL 33152
US

3. Date Incorporated or Qualified
10/29/1993

3a. Date of Last Report
06/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0446147

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALVITE, ARMANDO
346 NW 119 COURT
MIAMI FL 33182

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and if not applicable

(NOTE: Registered Agent Signature required when not applicable)

Date:

12. OFFICERS AND DIRECTORS

TITLE PSOT ☒ DELETE
NAME ALVITE, ARMANDO
STREET ADDRESS 346 NW 119TH COURT
CITY-ST-ZIP MIAMI FL 33182

TITLE V ☐ DELETE
NAME ALVITE, ARMANDO
STREET ADDRESS 346 NW 119TH COURT
CITY-ST-ZIP MIAMI FL 33182

TITLE V ☐ DELETE
NAME NAVARRO, MAYRA O
STREET ADDRESS 19921 NW 39TH CT
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Change ☐ Addition
12 NAME ARMANDO ALVITE
13 STREET ADDRESS 346 NW 119 CT
14 CITY-ST-ZIP MIAMI FL 33182

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☒ Addition
42 NAME ST
43 STREET ADDRESS MARIA E ALVITE
44 CITY-ST-ZIP 346 NW 119 CT
MIAMI, FL, 33182

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Armando Alvite*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ARMANDO ALVITE
President

4/25/96

305-547-4077

CR2E034 (12/95)