

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000032514

1. Entity Name
NOVA OF TALLAHASSEE, INC.



Principal Place of Business
4997 A ONIEL LN
TALLAHASSEE, FL 32303

Mailing Address
P.O. BOX 2512
HAVANA, FL 32333 US



03032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3308980

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, SUE D
5703 FLAGSTONE CT.
TALLAHASSEE, FL 32303

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

1100000458792
03/17/06-80058-019 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME SMITH, LOMAX
STREET ADDRESS 5073 FLAGSTONE CT
CITY-ST-ZIP TALLAHASSEE, FL 32333

TITLE VP
NAME PEAVY, M D III
STREET ADDRESS RT 4 BOX 2090
CITY-ST-ZIP HAVANA, FL 32333

TITLE ST
NAME SMITH, SUE D
STREET ADDRESS 5073 FLAGSTONE CT
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sue D. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/06 850-562-7338
Date Daytime Phone #