PROCH ANNUAL REPORT 1996 DOCUMENT # P95000074967 (7) NOVA VIDA, INC. Personal Pace of Business 10300 S.W. 72 ST- 2014 ANNUAL REPORT NOVA VIDA, INC. Nova	SECOND NOT	TICE: CORPORATION	N WILL BE DISSOLVED C 25 (IF DISSOLVED, MINIMU	N OR AFTER AUG M AMOUNT DUE TO	UST 7, 199 REINSTATE:	96. \$375.)		
NOVA VIDA, INC. Nova vIDA,	PRO CORPO ANNUAL	OFIT DRATION _ REPORT	FI	ORIDA DEPARTME. Sandra B. Mo Secretary of	NT OF STAT ortham State	E		
NOVA VIDA, INC. Maning Accress 10,300 S.W. 72 ST. accresswance where SUTE # 142 142	OCUM	ENT # PO	50000749	67 (7)				
Move of Business O300 S.W. 72 ST. 2003-9 Medical Part							1 1901(96) NO 1818) BUUN 1816 BUUN	2141
Principal Place of Business 2a. Marring Address 2b. Marring Ad	9201-9/W-82187-7 APF419-	WENDE 10300	S.W. 72 ST. 2007-24	10300 NOSAD VAEVOE C	S.W. 7	72 ST. 142 33173	3. Date Incorporated or Qualific	
Suite, Apt #, etc. Suite, Apt #, etc. Suite, A	. Principal Place		2a. Mailii	ng Address				Applied For Not Appl.cable
City & State City & State City & State City & State Record Companying Financing S5.00 May be Added to Fees		etc		Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional
20 20 20 20 20 20 20 20				& State			1 -	g \$5.00 May Bo Added to Fees
9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Section 607 0505 and 607 1056 Prioride Statution, to above named comprosion submits this statement for the purpose of changing its registered agent, or both, in the State of Flooride Statution, to above named comprosions of Section 607 0505 and 607 1056 Prioride Statution of the purpose of changing its registered agent, or both, in the State of Flooride Statution of the operation submits this statement for the purpose of changing its registered agent, or both, in the State of Flooride Statution of the operation submits this statement for the purpose of changing its registered agent agent are both, in the State of Flooride Statution of the operation submits this statement for the purpose of changing its registered agent agent agent, or both, in the State of Flooride Statution of the operation submits this statement for the purpose of changing its registered agent agen		28			Country	<u> </u>	8. This corporation has liability	for intangible tax under s 199 032
ROCHA, JAME ROCHA	a `	25			D		10. Name and Address of New	V-16 10 10 10 10 10 10 10 10 10 10 10 10 10
SIGNATURE Signation of hybrid or as final personal agreed and the of Appertations. PART TITLE THE PRESIDENT DELETE DELETE THE PRESIDENT DELETE THE PRESIDENT DELETE THE PRESIDENT DELETE THE PRESIDENT DELETE THE DEL	MAN	419 N. FL 93173 the provisions of Sec	tions 607.0502 and 607.15	08. Florida Statutes	the above i		oration submits this statement for t in's board of directors. I hereby ac	FL
12.	0.041471105					it signature telepare	of when roustating)	
DELETE D	12.	PARSIDRAT	OFFICERS AND DIRECTOR	DELETE	1.1 TITLE 1.2 NAME	ADDRESS	ADDITIONS/CHANGES TO C	
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64 CITY-ST-ZIP 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 Statut 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 Statut 14. I do hereby certify that the information supplied with this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal efforts.	CITY-ST-ZIP	shy certify that the infe	ormation supplied with this	filing is voluntarily fu	64 City	ST ZIP	alify for the exemption stated in Se	ection 119 07(3)(k), Florida Statutes. I ure shall have the same legal effect as
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 19 07(a). Notice 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 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 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my same that my same appears in Block 12 or Block 13 if changed, or on an attachment with an address SIGNATURE: SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	turther or	erity that the informa- nder oath, that I am ar name appears in Bloo	officer or director of the co	orporation or the rec , or on an attachme	eiver or trusi nt with an ac	tee empower idress	ed to execute this report as regul	ed by Chapter diff.