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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCOL	VIEW # P97000	104695 9			
1. Corporation	i Name				
Nova Hi	EALTHCARE INTERNATION/	AL, INC			
Principal Place	of Business	Mailing Address			1 61614 41110 10101 41110 10110
1 SE FIRST AVI	<u>-</u>	P O BOX 23109			
GAINESVILLE FL 32601 GAINESVILLE FL 32602			DO MOT MIDITE IN THE	00 CD4CE	
				DO NOT WRITE IN TH	S SPACE
				3. Date Incorporated or Qualifed	
				05/22/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3447744	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Oct. 100 10 10 10 10 10 10 10 10 10 10 10 10	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
24	25	29 3	0	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registere	d Agent
			81 Name	Jah. Hah Tunci	
	MBERLAIN, STÉVÉN M		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
1 SE	FIRST AVE		OF Street Add	ileas (1 :O: Dox Humber is Het Hoodingson)	
GAIN	iesville fl 32601		83 202	11 ax x ax Th The	
			243	A 2M MO. DI	
İ			84 Gity	$x_0 > x_1 > x_2 > x_3 $	I 85 Zip Code
44 5	4- 4	22 CO7 1509 Florido S	'to above pamed cor	poration submits this statement for the purpose	
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State,	of Florida, Such change '	rized by the corporati	ion's board of directors. I hereby accept the app	ointment as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.63	ia Statutes.	, , ,	
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.03. Since	ia Statutes.		
agent. I a	m familiar with, and accept the obliga M. W.F. Signature, typed or printed name of registered agent	int and title if applicable (NOTE: R	ia Statutes. Legistered Agent signature requir	red when reinstating) DATE	
agent. I a SIGNATURE 12.	rn familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN	Int and title it applicable (NOTE: R	ia Statutes. legistered Agent signature requir		AND DIRECTORS IN 12
agent. I a SIGNATURE 12. TITLE	rn familiar with, and accept the obliga William Signature, typed or printed name of registered age OFFICERS AN	int and title if applicable (NOTE: R	tegistered Agent signature required 13.	red when reinstating) DATE	
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #