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FILED

Mar 27, 2001 8:00 am
Secretary of State

02-28-2001 90018 025 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046959

1. Entity Name

NOVA HEALTHCARE INTERNATIONAL, INC.

Principal Place of Business

1 SE FIRST AVE
GAINESVILLE FL 32601

Mailing Address

P O BOX 23169
GAINESVILLE FL 32602

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Zip

32609

Country

Zip

Country

4. FEI Number

59-3447744

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ASHUTOSH, TIWARI

3804 SW 26TH DR

GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name

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

3463 NW 13th STREET

City

GAINESVILLE

FL

Zip Code

32609

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.

SIGNATURE

Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	SHAH, BHUPENDRA O	3219 NW 57TH TERRACE	GAINESVILLE FL 32608

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	TIWARI, ASHUTOSH	4410 CHARING WAY	BLOOMFIELD HILLS MI 48304

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DESAI, PARESH G.	507 NW 9th AVENUE	CRYSTAL RIVER, FL 34428

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P, VP		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)