

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000046959

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** NOVA HEALTHCARE INTERNATIONAL, INC.

**Current Principal Place of Business:**

3463 NW 13TH STREET  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

3463 NW 13TH STREET  
GAINESVILLE, FL 32609

**New Mailing Address:**

**FEI Number:** 59-3447744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, JOHN G  
3463 NW 13TH STREET  
GAINESVILLE, FL 32609

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVP ( ) Delete  
Name: TIWARI, ASHUTOSH  
Address: 4410 CHARING WAY  
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: ST ( ) Delete  
Name: DESAI, PARESH G  
Address: 507 NW 9TH AVENUE  
City-St-Zip: CRYSTAL RIVER, FL 34428

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ASHUTOSH TIWARI

P

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date