2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P97000046959

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 US

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: PVP (X) Change ( ) Addition
Name: TIWARI, ASHUTOSH
Address: 20 ROSS ROAD
City-St-Zip: SCARSDALE, NY 10583

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 D 04/29/2005

Electronic Signature of Signing Officer or Director — Date