2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ANNUAL REPORT Feb 11, 2008 08:00 Al **DOCUMENT # P99000031155 Secretary of State** 1. Entity Name ROBÉRT P. NOVO M.D., P.A. Principal Place of Business Mailing Address 7480 FAIRWAY DRIVE 7480 FAIRWAY DRIVE SUITE 208 SUITE 208 MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 CR2E034 (11/05) 01162008 No Chg-P ANT WELL IN LESS STAKE 4. FEI Number Applied For 65-0908243 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NOVO, ROBERTO LONOT PRESE 7480 FAIRWAY DRIVE SUITE 208 MIAMI LAKES, FL 33014 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and trile if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NOVO. ROBERTO NAME STREET ADDRESS 7480 FAIRWAY DRIVE STE 208 CITY-ST-ZIP MIAMI LAKES, FL 33014 TITLE NAME STREET ADDRESS U00000822710 02/20/08-80008-015 150.00 CITY - ST-ZIP TITLE NAME STREET ADDRESS TAND WELL CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an appress, with all office in the provided in the control of the corporation or an attachment with an appress, with all office in the corporation of the

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-408 305-538

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Daytime Phone #