SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 8:14

DOCUMENT # **V54098** **(1)**

1. Corporation Name

NOVA HEALTH CARE, INC.

Principal Place of Business	Mailing Address
3521 WEST BROWARD BLVD. SUITE 107 FT. LAUDERDALE FL 33312 US	3521 WEST BROWARD BLVD. SUITE 107 FT. LAUDERDALE FL 33312 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1992
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0350440 ☐ Applied For ☐ Not Applicable

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

6. Certified Copy Desired ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under s. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CATAPANO, GLENN
3403 WATER OAK DR.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: Rochelle Catapano
82 Street Address (P.O. Box Number is Not Acceptable)
83: 4589 White Cedar Ln
84 City: Delray Bch FL 85 Zip Code: 33445

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Rochelle Catapano (Signature typed or printed name of registered agent and title if applicable) Rochelle Catapano (NOTE: Registered Agent signature required when mandated) DATE: 7/15/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, DELETIONS	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	CATAPANO, ROCHELLE	12 NAME	President Rochelle Catapano
STREET ADDRESS	4589 WHITE CEDAR LANE	13 STREET ADDRESS	4589 White Cedar Ln
CITY-ST-ZIP	DELRAY BCH FL	14 CITY-ST-ZIP	Delray Bch FL 33445
TITLE	PSD	21 TITLE	☒ Change ☐ Addition
NAME	CATAPANO, GLENN	22 NAME	VPTD Glenn Catapano
STREET ADDRESS	3403 WATER OAKS DR	23 STREET ADDRESS	4589 White Cedar Ln
CITY-ST-ZIP	HOLLYWOOD FL	24 CITY-ST-ZIP	Delray Bch FL 33445
TITLE	VPTD	31 TITLE	☐ Change ☐ Addition
NAME	NOWLING, JUSTIN B.	32 NAME	
STREET ADDRESS	5858 SW 37TH AVE	33 STREET ADDRESS	
CITY-ST-ZIP	FR. LAUDERDALE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Rochelle Catapano 7/15/95 407-499-1425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074306 CP