

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000123308

**Entity Name:** MARCO A NOVA, M.D., P.A.

**Current Principal Place of Business:**

6043 NW 167TH STREET  
SUITE A-1  
MIAMI, FL 33015

**Current Mailing Address:**

6043 NW 167TH STREET  
SUITE A-1  
MIAMI, FL 33015

**FEI Number:** 20-5658299

**Certificate of Status Desired:** No

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

NOVA, MARCO AM.D.  
6043 NW 167TH STREET  
SUITE A-1  
MIAMI, FL 33015 US

*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

**Officer/Director Detail :**

Title DPST  
Name NOVA, MARCO AM.D.  
Address 6043 NW 167TH STREET, SUITE A-1  
City-State-Zip: MIAMI FL 33015

Title SECR  
Name FUENTES, SANDRA LSECRETETA  
Address 6043 NW 167TH STREET, SUITE A-1  
City-State-Zip: MIAMI FL 33015

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARCO A NOVA

**PRESIDENT/MD**

**04/04/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date