

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000086531

**Entity Name:** NOVUS MEDICAL SOLUTIONS, INC.

**Current Principal Place of Business:**

15350 SW 43 TERRACE  
MIAMI, FL 33185

**Current Mailing Address:**

15350 SW 43 TERRACE  
MIAMI, FL 33185 US

**FEI Number:** 27-3763795

**Certificate of Status Desired:** No

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

PERALTA, ERICK GMR  
15350 SW 43 TERRACE  
MIAMI, FL 33185 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 P/S  
Name PERALTA, ERICK  
Address 15350 SW 43 TERRACE  
City-State-Zip: MIAMI FL 33185

*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:** ERICK PERALTA

**GENERAL MANAGER**

**02/09/2023**

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

\_\_\_\_\_  
Date