

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000056014

**Entity Name:** NOVA PSYCHIATRY, INC.

**Current Principal Place of Business:**

5323 MILLENIA LAKES BLVD  
121  
ORLANDO, FL 32839

**Current Mailing Address:**

3956 TOWN CENTER BLVD  
PMB 295  
ORLANDO, FL 32837 US

**FEI Number:** 46-3087532

**Certificate of Status Desired:** No

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

MEDINA, DAVID  
3012 MARTA CIRCLE  
101  
KISSIMMEE, FL 34741 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  
Name DAVID, MEDINA  
Address 3012 MARTA CIRCLE APT 101  
City-State-Zip: KISSIMMEE FL 34741

*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:** DAVID MEDINA

**PRESIDENT**

**04/03/2015**

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

\_\_\_\_\_  
Date