

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000028155

**Entity Name:** NOA MEDICAL INVESTMENT INC

**Current Principal Place of Business:**

5390 W 21ST CT  
#212  
HIALEAH, FL 33016

**Current Mailing Address:**

5390 W 21ST CT  
#212  
HIALEAH, FL 33016 US

**FEI Number:** 82-1026618

**Certificate of Status Desired:** No

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

NOA, NELSON  
5390 W 21ST CT  
#212  
HIALEAH, FL 33016 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 PD  
Name NOA, NELSON  
Address 5390 W 21ST CT  
#212  
City-State-Zip: HIALEAH FL 33016

*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:** NELSON NOA

**PRESIDENT**

**04/07/2018**

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

\_\_\_\_\_  
Date