

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000005426

**Entity Name:** NOVAE CARE & CONNECT INC

**Current Principal Place of Business:**

55 NE 5TH AVENUE  
SUITE 501  
BOCA RATON, FL 33432

**Current Mailing Address:**

55 NE 5TH AVENUE  
SUITE 501  
BOCA RATON, FL 33432 US

**FEI Number:** 46-1815210

**Certificate of Status Desired:** Yes

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

MONIQUE TRONCONE, CPA P.A.  
55 NE 5TH AVENUE  
SUITE 501  
BOCA RATON, FL 33432 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           DIRECTOR, PRESIDENT  
Name           ARANA, SERGIO D  
Address        55 NE 5TH AVENUE  
                  SUITE 501  
City-State-Zip: BOCA RATON FL 33432

Title           SECRETARY, VP  
Name           GURR , GERMAINE  
Address        55 NE 5TH AVENUE  
                  SUITE 501  
City-State-Zip: BOCA RATON FL 33432

*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:** SERGIO D. ARANA,

**PRESIDENT**

**05/01/2019**

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

\_\_\_\_\_  
Date