

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 18, 2005
Secretary of State**

DOCUMENT# 769127

Entity Name: NORTHSIDE MEDICAL PARK, INC.

Current Principal Place of Business:

740 WEST PLYMOUTH AVENUE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

740 WEST PLYMOUTH AVENUE
DELAND, FL 32720

New Mailing Address:

FEI Number: 59-2509440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOD, ROYCE E JR
740 WEST PLYMOUTH AVENUE
DELAND, FL 32720 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HOOD, ROYCE E MD
Address: 740 WEST PLYMOUTH AVENUE
City-St-Zip: DELAND, FL 32720

Title: DVP () Delete
Name: HOLLMAN, MARK W MD
Address: 740 WEST PLYMOUTH AVENUE
City-St-Zip: DELAND, FL 32720

Title: DS () Delete
Name: REED, STEPHEN MD
Address: 740 WEST PLYMOUTH AVENUE
City-St-Zip: DELAND, FL 32720

Title: DT () Delete
Name: LAVOIE, STEPHANE
Address: 740 W PLYMOUTH AVENUE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROYCE E. HOOD, MD

DP

01/18/2005

Electronic Signature of Signing Officer or Director

Date