

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769127

Entity Name: NORTHSIDE MEDICAL PARK, INC.

Current Principal Place of Business:

740 WEST PLYMOUTH AVENUE
DELAND, FL 32720

Current Mailing Address:

740 WEST PLYMOUTH AVENUE
DELAND, FL 32720

FEI Number: 59-2509440

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOOD, ROYCE EJR
740 WEST PLYMOUTH AVENUE
DELAND, FL 32720 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 DP
Name HOOD, ROYCE EJR
Address 740 WEST PLYMOUTH AVENUE
City-State-Zip: DELAND FL 32720

Title DVP
Name HOLLMAN, MARK WMD
Address 740 WEST PLYMOUTH AVENUE
City-State-Zip: DELAND FL 32720

Title DS
Name REED, STEPHEN MD
Address 740 WEST PLYMOUTH AVENUE
City-State-Zip: DELAND FL 32720

Title DT
Name LAVOIE, STEPHANE MD
Address 740 W PLYMOUTH AVENUE
City-State-Zip: DELAND FL 32720

Title DAS
Name WALDBAUM, JONATHAN
Address 740 W PLYMOUTH AVENUE
City-State-Zip: DELAND FL 32720

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROYCE E HOOD JR

PRESIDENT

01/31/2013

Electronic Signature of Signing Officer/Director Detail

Date