

**2014 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**

**01/23/2014**

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

\_\_\_\_\_  
Date