

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769127

FILED  
Mar 24, 2008  
Secretary of State

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 MD  
Address: 740 W PLYMOUTH AVENUE  
City-St-Zip: DELAND, FL 32720

Title: DASA ( ) Delete  
Name: DENOFF, FRANK L MD  
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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 JR MD

DP

03/24/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date