

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769127

FILED
Jan 19, 2010
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
Name: HOOD, ROYCE E JR
Address: 740 WEST PLYMOUTH AVENUE
City-St-Zip: DELAND, FL 32720

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

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

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

Title: DAS
Name: DENOFF, FRANK L MD
Address: 740 W PLYMOUTH AVENUE
City-St-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

DP

01/19/2010

Electronic Signature of Signing Officer or Director

Date