

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L36857

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** NORTHSIDE PHYSICAL THERAPY & REHABILITATION, INC.

**Current Principal Place of Business:**

752 W PLYMOUTH AVE  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

752 W PLYMOUTH AVE  
DELAND, FL 32720

**New Mailing Address:**

**FEI Number:** 59-2979941

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLLAND, PAUL  
752 W PLYMOUTH AVE  
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: P  
Name: HOLLAND, PAUL  
Address: 752 W PLYMOUTH AVE  
City-St-Zip: DELAND, FL

Title: ST  
Name: HOLLAND, CHARLENE  
Address: 752 W PLYMOUTH AVE  
City-St-Zip: DELAND, FL

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

SIGNATURE: PAUL D HOLLAND

PRES

01/13/2011

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

\_\_\_\_\_  
Date