

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M69584

FILED
Apr 24, 2006
Secretary of State

Entity Name: NORTHWOOD SPORTS MEDICINE AND PHYSICAL REHABILITATION, INC.

Current Principal Place of Business:

2790 N. MILITARY TRAIL
3450 NORTHLAKE BLVD. #200
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

C/O DIANE L. KARLIK
3450 NORTHLAKE BLVD. #200
PALM BCH. GARNDENS, FL 33403

New Mailing Address:

FEI Number: 65-0045944 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KARLIK, DIANE L.
3450 NORTHLAKE BOULEVARD, #200
SUITE 580
PALM BEACH GARDENS, FL 33403 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ANDERSON, ANTHONY H.,
Address: 2790 NO. MILITARY TRAIL
City-St-Zip: WEST PALM BEACH, FL

Title: DVT () Delete
Name: ANDERSON, DAVID B.
Address: 2790 N. MILITARY TRAIL
City-St-Zip: WEST PALM BEACH, FL

Title: S () Delete
Name: ANDERSON, ANTHONY H.,
Address: 2790 NO. MILITARY TRAIL
City-St-Zip: WEST PALM BEACH, FL

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ANDERSON

DVT

04/24/2006

Electronic Signature of Signing Officer or Director

Date