

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M69584

FILED  
Jan 09, 2007  
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:**

2790 N. MILITARY TRAIL  
SUITE #1  
WEST PALM BEACH, FL 33409 US

**Current Mailing Address:**

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

**New Mailing Address:**

2790 N. MILITARY TRAIL  
SUITE #1  
WEST PALM BEACH, FL 33409

**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: DVP (X) Change ( ) Addition  
Name: ANDERSON, ANTHONY H.,  
Address: 2790 NO. MILITARY TRAIL  
City-St-Zip: WEST PALM BEACH, FL

Title: DP (X) Change ( ) Addition  
Name: ANDERSON, DAVID B.  
Address: 2790 N. MILITARY TRAIL  
City-St-Zip: WEST PALM BEACH, FL

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 B. ANDERSON

DP

01/09/2007

Electronic Signature of Signing Officer or Director

Date