

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M69584

FILED
Feb 15, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:
2790 N. MILITARY TRAIL
SUITE #1
WEST PALM BEACH, FL 33409

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: DVP
Name: ANDERSON, ANTHONY H.
Address: 2790 NO. MILITARY TRAIL
City-St-Zip: WEST PALM BEACH, FL

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

Title: S
Name: ANDERSON, ANTHONY H.
Address: 2790 NO. MILITARY TRAIL
City-St-Zip: WEST PALM BEACH, 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: DAVID B. ANDERSON

DP

02/15/2010

Electronic Signature of Signing Officer or Director

Date