

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M69584

FILED  
Apr 19, 2011  
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:**

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

**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

**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

04/19/2011

Electronic Signature of Signing Officer or Director

Date