

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000087447

**FILED**  
**Apr 01, 2007**  
**Secretary of State**

**Entity Name:** NIDAGA PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

601 N CONGRESS AVE 425  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

7532 EAGLE POINT DRIVE  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

P.O. BOX 7016  
DELRAY BEACH, FL 33482

**New Mailing Address:**

FEI Number: 65-1130034

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GALANG, NILO D  
7532 EAGLE POINT DRIVE  
DELRAY BEACH, FL 33446 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: DST ( ) Delete  
Name: GALANG, NILO D  
Address: P.O. BOX 7016  
City-St-Zip: DELRAY BEACH, FL 33482

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: NILO GALANG

DST

04/01/2007

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

\_\_\_\_\_ Date