

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90123 016 \*\*\*150.00

**DOCUMENT # P96000085681**

1. Entity Name  
**NORTHWOOD PHYSICAL THERAPY, INC.**



Principal Place of Business  
**1001 NW 13TH ST  
SUITE 105  
BOCA RATON, FL 33486 US**

Mailing Address  
**1001 NW 13TH ST  
SUITE 105  
BOCA RATON, FL 33486 US**

**50029635**



03092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0709768</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GLUCK, BEVERLEE  
1135 103 STREET  
#G-1  
MIAMI BEACH, FL 33154**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PSD
NAME	GLUCK, BEVERLEE
STREET ADDRESS	1135 103RD STREET #G-1
CITY-ST-ZIP	MIAMI BEACH, FL 33154
TITLE	VTD
NAME	PEREZ, LIMARY
STREET ADDRESS	2101 SOUTH OCEAN DRIVE #2502
CITY-ST-ZIP	HOLLYWOOD, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Tara Costa Tara Costa (Administrator) 3-14-05 561-361-8700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #