

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000087447

Entity Name: NIDAGA PHYSICAL THERAPY, INC.

Current Principal Place of Business:

7532 EAGLE POINT DRIVE
DELRAY BEACH, FL 33446

Current Mailing Address:

P.O. BOX 7016
DELRAY BEACH, FL 33482

FEI Number: 65-1130034

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALANG, NILO D
7532 EAGLE POINT DRIVE
DELRAY BEACH, FL 33446 US

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

Officer/Director Detail :

Title DST
Name GALANG, NILO D
Address P.O. BOX 7016
City-State-Zip: DELRAY BEACH FL 33482

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: NILO D GALANG

PRESIDENT

01/20/2015

Electronic Signature of Signing Officer/Director Detail

Date