

**2013 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 GALANG

**PRESIDENT**

**02/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date