FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G91815** **(2)**

1. Corporate Name

GCOC PHYSICAL THERAPY, INC.

Principal Place of Business	Mailing Address
7315 HUDSON AVE. HUDSON FL 34667	7315 HUDSON AVE. HUDSON FL 34667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/19/1984**	3a. Date of Last Report: **02/25/1994**
4. FEI Number: **59-2549517**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. *This corporation has liability for intangible tax under § 199.032, Florida Statutes* ☒ Yes ☐ No	

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. # etc. (22) / Suite, Apt. # etc. (27)
City & State (23) / City & State (28)
Zip (24) County (25) / Zip (29) County (30)

9. Name and Address of Current Registered Agent

ZSCHAU, JULIUS J ESQUIRE
JOHNSON,BLAKELY,POPE,BOKOR,RUPPEL & BURNS
911 CHESTNUT STREET
CLEARWATER FL 34617

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE(S) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PV	11 TITLE	☐ Change ☐ Addition
12 NAME	BONATI, ALFRED O	12 NAME	
13 STREET ADDRESS	7315 HUDSON AVE	13 STREET ADDRESS	
14 CITY ST ZIP	HUDSON FL	14 CITY ST ZIP	
21 TITLE	ST	21 TITLE	☐ Change ☐ Addition
22 NAME	O'RYAN, CECILIA	22 NAME	
23 STREET ADDRESS	7315 HUDSON AVENUE	23 STREET ADDRESS	
24 CITY ST ZIP	HUDSON FL	24 CITY ST ZIP	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. To the best of my knowledge, I certify that the information supplied with this report is true, complete and accurate. I further certify 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 11 or Block 12 above, or on an attachment with an address.

SIGNATURE: _____ Cecilia O'Ryan 4/26/95 813-868-9563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0384001 CP