

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

MAY 1 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # G91815 (2)

1. Corporation Name
GCOC PHYSICAL THERAPY, INC.

Principal Place of Business
7315 HUDSON AVE.
HUDSON FL 34667

Mailing Address
7315 HUDSON AVE.
HUDSON FL 34667

2. Principal Place of Business
21 State, Apt. # etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 State, Apt. # etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
03/19/1984

3a. Date of Last Report
02/25/1994

4. FEI Number
59-2549517

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 S. 199.032, Florida Statutes
☒ **Yes** ☐ **No**

9. Name and Address of Current Registered Agent
ZSCHAU, JULIUS J ESQUIRE
JOHNSON, BLAKELY, POPE, BOKOR, RUPPEL & BURNS
911 CHESTNUT STREET
CLEARWATER FL 34617

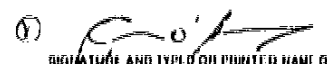
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL **85** Zip Code

11. Pursuant to the provisions of Sections 607.0907 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 607.0925, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME PV BONATI, ALFRED O 7315 HUDSON AVE HUDSON FL	13.1 TITLE ☐ Change ☐ Addition	13.1 NAME	13.1 TITLE ☐ Change ☐ Addition
12.2 NAME ST O'RYAN, CECILIA 7315 HUDSON AVENUE HUDSON FL	13.2 TITLE ☐ Change ☐ Addition	13.2 NAME	13.2 TITLE ☐ Change ☐ Addition
12.3 NAME	13.3 TITLE ☐ Change ☐ Addition	13.3 NAME	13.3 TITLE ☐ Change ☐ Addition
12.4 NAME	13.4 TITLE ☐ Change ☐ Addition	13.4 NAME	13.4 TITLE ☐ Change ☐ Addition
12.5 NAME	13.5 TITLE ☐ Change ☐ Addition	13.5 NAME	13.5 TITLE ☐ Change ☐ Addition
12.6 NAME	13.6 TITLE ☐ Change ☐ Addition	13.6 NAME	13.6 TITLE ☐ Change ☐ Addition
12.7 NAME	13.7 TITLE ☐ Change ☐ Addition	13.7 NAME	13.7 TITLE ☐ Change ☐ Addition
12.8 NAME	13.8 TITLE ☐ Change ☐ Addition	13.8 NAME	13.8 TITLE ☐ Change ☐ Addition
12.9 NAME	13.9 TITLE ☐ Change ☐ Addition	13.9 NAME	13.9 TITLE ☐ Change ☐ Addition
12.10 NAME	13.10 TITLE ☐ Change ☐ Addition	13.10 NAME	13.10 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as a made under oath. That I am an officer or director of this corporation or the registered agent or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE:  **Cecilia O'Ryan**

813-868-9563

4/26/95