

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000010777

**Entity Name:** FIRST DIAGNOSTIC AND PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

10796 PINES BLVD.  
#101  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

10796 PINES BLVD.  
#101  
PEMBROKE PINES, FL 33026 US

**FEI Number:** 65-0982892

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GOLDSOON, FIDEL S  
10796 PINES BLVD.  
#101  
PEMBROKE PINES, FL 33026 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 MR.  
Name GOLDSOON, FIDEL S  
Address 10796 PINES BLVD. #101  
City-State-Zip: PEMBROKE PINES FL 33026

*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:** FIDEL GOLDSOON

**PRESIDENT**

**02/25/2019**

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

\_\_\_\_\_  
Date