

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000136161

Entity Name: PARADISE COAST PHYSICAL THERAPY, INC.

Current Principal Place of Business:

2338 IMMOKALEE RD.
420
NAPLES, FL 34110

Current Mailing Address:

2338 IMMOKALEE RD.
420
NAPLES, FL 34110 US

FEI Number: 01-0876896

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PINO, MICHAEL J
2338 IMMOKALEE RD.
420
NAPLES, FL 34110 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	P	Title	VP
Name	PINO, MICHAEL J	Name	PINO, MICHAEL R
Address	2338 IMMOKALEE RD. SUITE 420	Address	2338 IMMOKALEE RD. SUITE 420
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110
Title	SEC.	Title	TREA
Name	PINO, MICHAEL J	Name	PINO, MICHAEL R
Address	2338 IMMOKALEE RD. SUITE 420	Address	2338 IMMOKALEE RD. SUITE 420
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110

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: MICHAEL J PINO **PRESIDENT** **04/25/2016**

Electronic Signature of Signing Officer/Director Detail Date