

**2019 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  
Name PINO, MICHAEL J  
Address 2338 IMMOKALEE RD. SUITE 420  
City-State-Zip: NAPLES FL 34110

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

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

Title TREA  
Name PINO, MICHAEL R  
Address 2338 IMMOKALEE RD. SUITE 420  
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**

**04/15/2019**

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

\_\_\_\_\_  
Date