### 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000136161

Entity Name: PARADISE COAST PHYSICAL THERAPY, INC.

FILED
Apr 20, 2014
Secretary of State
CC5388920665

## **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 VF

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

**PRESIDENT** 

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.