

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V24263

**Entity Name:** GULF COAST THERAPY ASSOCIATES, INC.

**Current Principal Place of Business:**

2601 NETWORK BLVD  
STE 102  
FRISCO, TX 75034

**Current Mailing Address:**

2601 NETWORK BLVD  
STE 102  
FRISCO, TX 75034 US

**FEI Number:** 65-0323657

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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           | DP                           | Title           | VICE PRESIDENT AND SECRETARY |
| Name            | SCHRAM, MARTHA J             | Name            | MCOLVIN, MIKE                |
| Address         | 2601 NETWORK BLVD<br>STE 102 | Address         | 1000 FIANNA WAY              |
| City-State-Zip: | FRISCO TX 75034              | City-State-Zip: | FORT SMITH AR 72919          |

*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:** MIKE MCOLVIN

VICE PRESIDENT

04/12/2021

Electronic Signature of Signing Officer/Director Detail

Date