

2023 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
Name	SCHRAM, MARTHA J
Address	2601 NETWORK BLVD STE 102
City-State-Zip:	FRISCO TX 75034

Title	VP
Name	STROTHER, JACK
Address	2601 NETWORK BLVD STE 102
City-State-Zip:	FRISCO TX 75034

Title	VP
Name	BECKY, SMITH
Address	2601 NETWORK BLVD STE 102
City-State-Zip:	FRISCO TX 75034

Title	SECRETARY
Name	MCOLVIN, MIKE
Address	4933 OLD GREENWOOD RD
City-State-Zip:	FORT SMITH AR 72903
Title	TREASURER, ASST. SECRETARY
Name	JEFFCOAT, BRITT
Address	2601 NETWORK BLVD STE 102
City-State-Zip:	FRISCO TX 75034

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**SECRETARY****04/27/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date