

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V24263

Entity Name: GULF COAST THERAPY ASSOCIATES, INC.

Current Principal Place of Business:

ONE LEGACY TOWN CENTER
7160 N. DALLAS PKWY, STE 400
PLANO, TX 75024

Current Mailing Address:

1000 FIANNA WAY
LEGAL DEPT - MD 4824
FORT SMITH, AR 72919

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 1000 FIANNA WAY
City-State-Zip: FORT SMITH AR 72919

Title SVP
Name KARICHER, MICHAEL
Address 1000 FIANNA WAY
City-State-Zip: FORT SMITH AR 72919

Title VP
Name CLIFTON, SANDRA
Address 1000 FIANNA WAY
City-State-Zip: FORT SMITH AR 72919

Title VP
Name JOSEPH, LARRY N
Address 1000 FIANNA WAY
City-State-Zip: FORT SMITH AR 72919

Title T
Name TRUITT, ANN
Address 1000 FIANNA WAY
City-State-Zip: FORT SMITH AR 72919

Title S
Name RASMUSSEN-JONES, HOLLY A
Address 1000 FIANNA WAY
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: HOLLY RASMUSSEN-JONES

SECRETARY

04/10/2014

Electronic Signature of Signing Officer/Director Detail

Date