2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G91815

1. Entity Name
GCOC PHYSICAL THERAPY, INC.

Principal Place of Business	Mailing Address
7315 HUDSON AVE. HUDSON, FL 34667	7315 HUDSON AVE. HUDSON, FL 34667

DO NOT WRITE IN THIS SPACE

01082007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2549517	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZSCHAU, JULIUS J ESQ.
2701 N ROCKY POINT DR
STE 930
TAMPA, FL 33602

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2007 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees	U00000609632 02/01/07-80058-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	BONATI, ALFRED O
STREET ADDRESS	7315 HUDSON AVE
CITY-ST-ZIP	HUDSON, FL 34667

TITLE	ST
NAME	O'RYAN, CECILIA
STREET ADDRESS	7315 HUDSON AVENUE
CITY-ST-ZIP	HUDSON, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____, President   1/25/07   (727) 868-9563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #