

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # K69030

Entity Name
COAST PHYSICAL THERAPY, INC.



Principal Place of Business
**6043 W. NORDLING LOOP
CRYSTAL RIVER, FL 34429 US**

Mailing Address
**6043 W. NORDLING LOOP
CRYSTAL RIVER, FL 34429 US**



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2934191

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**GONSETTE, GHISLAIN
632 SE 1ST COURT
CRYSTAL RIVER, FL 34429**

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IN THIS SPACE**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1111000-396923
01/30/06-80028-024 150.00

OFFICERS AND DIRECTORS

P
**GONSETTE, GHISLAIN
632 SE 1ST CT
CRYSTAL RIVER, FL**

VP
**GONSETTE, LETICIA
632 SE 1ST COURT
CRYSTAL RIVER, FL**

ST
**BRYANT, GLORIA
5050 NW 37 PL
CHIEFLAND, FL 32626**

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gloria Bryant **Gloria Bryant** 1/19/06 352-563-0030