


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # K69030 1. Entity Name GULF COAST PHYSICAL THERAPY, INC. |  |
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| Principal Place of Business 6043 W. NORDLING LOOP CRYSTAL RIVER, FL 34429 US | Mailing Address 6043 W. NORDLING LOOP CRYSTAL RIVER, FL 34429 US |
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04202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2934191 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent GONSETTE, GHISLAIN 632 SE 1ST COURT CRYSTAL RIVER, FL 34429 |
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**DO NOT WRITE
IN THIS SPACE**

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: G H I S L A I N G O N S E T T E (P R E S I D E N T) 04/28/08
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P GONSETTE, GHISLAIN 632 SE 1ST CT CRYSTAL RIVER, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP GONSETTE, LETICIA 632 SE 1ST COURT CRYSTAL RIVER, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST BRYANT, GLORIA 5050 NW 37 PL CHIEFLAND, FL 32626 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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05/22/08-80029-018 150.00

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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: G H I S L A I N G O N S E T T E 04/28/08 352 563 0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #