

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K69030

FILED
May 01, 2009
Secretary of State

Entity Name: GULF COAST PHYSICAL THERAPY, INC.

Current Principal Place of Business:

6043 W. NORDLING LOOP
CRYSTAL RIVER, FL 34429 US

New Principal Place of Business:

Current Mailing Address:

6043 W. NORDLING LOOP
CRYSTAL RIVER, FL 34429 US

New Mailing Address:

FEI Number: 59-2934191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONSETTE, GHISLAIN
Address: 632 SE 1ST CT
City-St-Zip: CRYSTAL RIVER, FL

Title: VP () Delete
Name: GONSETTE, LETICIA
Address: 632 SE 1ST COURT
City-St-Zip: CRYSTAL RIVER, FL

Title: ST () Delete
Name: BRYANT, GLORIA
Address: 5050 NW 37 PL
City-St-Zip: CHIEFLAND, FL 32626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GONSETTE, GHISLAIN
Address: 632 SE 1ST CT
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: VP (X) Change () Addition
Name: GONSETTE, LETICIA
Address: 632 SE 1ST COURT
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: ST (X) Change () Addition
Name: BRYANT, GLORIA
Address: 5050 NW 37 PL
City-St-Zip: CHIEFLAND, FL 32626 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GHISLAIN GONSETTE

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date