

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K69030

FILED  
May 01, 2012  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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: GHISLAIN GONSETTE

PRES

05/01/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date