

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M50284

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Entity Name:** SOUTHCOAST PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

4999 W 8TH AVE.  
6  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

4999 W 8TH AVE.  
6  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 59-2788680

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ABTAHI, RASSOUL  
4999 W 8TH AVE  
6  
HIALEAH, FL 330123409 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: D  
Name: ABTAHI, RASSOUL  
Address: 4999 W 8TH AVE SUITE 6  
City-St-Zip: HIALEAH, FL 33012

Title: T  
Name: ABTAHI, THARION  
Address: 4999 W 8TH AVE SUITE 6  
City-St-Zip: HIALEAH, FL 330123409

Title: K  
Name: ABTAHI, KEIVAN  
Address: 4999 W 8TH AVE SUITE 6  
City-St-Zip: HIALEAH, FL 330123409

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: THARION ABTAHI

T

03/23/2012

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

\_\_\_\_\_  
Date