

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000091066

FILED
May 21, 2009
Secretary of State

Entity Name: PALM COAST PHYSICAL THERAPY, INC.

Current Principal Place of Business:

1056 GOODLETTE RD. SUITE 100
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1056 GOODLETTE RD. SUITE 100
NAPLES, FL 34102

New Mailing Address:

FEI Number: 20-5185694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRISWELL, LORI
1100 EASTHAM WAY 207
NAPLES, FL 34104 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: CRISWELL, LORI
Address: 1056 GOODLETTE ROAD SUITE 100
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LORI CRISWELL

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05/21/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date