

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000136161

FILED
Apr 20, 2011
Secretary of State

Entity Name: PARADISE COAST PHYSICAL THERAPY, INC.

Current Principal Place of Business:

2947 TIBURON BLVD. E.
NAPLES, FL 34109 US

New Principal Place of Business:

2338 IMMOKALEE RD.
420
NAPLES, FL 34110 US

Current Mailing Address:

P.O. BOX 112287
NAPLES, FL 34108 US

New Mailing Address:

2338 IMMOKALEE RD.
420
NAPLES, FL 34110 US

FEI Number: 01-0876896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINO, MICHAEL J
2947 TIBURON BLVD. E.
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

PINO, MICHAEL J
2338 IMMOKALEE RD.
420
NAPLES, FL 34110 US

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:

04/20/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: PINO, MICHAEL J
Address: 2338 IMMOKALEE RD. SUITE 420
City-St-Zip: NAPLES, FL 34110 US

Title: VP
Name: PINO, MICHAEL R
Address: 2338 IMMOKALEE RD. SUITE 420
City-St-Zip: NAPLES, FL 34110 US

Title: SEC.
Name: PINO, MICHAEL J
Address: 2338 IMMOKALEE RD. SUITE 420
City-St-Zip: NAPLES, FL 34110 US

Title: TREA
Name: PINO, MICHAEL R
Address: 2338 IMMOKALEE RD. SUITE 420
City-St-Zip: NAPLES, FL 34110 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: MICHAEL J PINO

PRES

04/20/2011

Electronic Signature of Signing Officer or Director

Date