


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000047549**

1. Entity Name  
**NATURE COAST PHYSICAL THERAPY AND REHABILITATION, P.A.**



Principal Place of Business  
**3787 EAST GULF TO LAKE HIGHWAY  
 INVERNESS, FL 34453**

Mailing Address  
**3787 EAST GULF TO LAKE HIGHWAY  
 INVERNESS, FL 34453**



07242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3323667**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GURNANI, P. T., JAYA  
 3787 EAST GULF TO LAKE HIGHWAY  
 INVERNESS, FL 34453**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE	DR
NAME	GURNANI, JAYA P.T.
STREET ADDRESS	3787 EAST GULF TO LAKE HIGHWAY
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **7/25/06** **352-341-1101**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #