


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000047549**

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



Principal Place of Business      Mailing Address

3787 EAST GULF TO LAKE HIGHWAY      3787 EAST GULF TO LAKE HIGHWAY  
INVERNESS, FL 34453      INVERNESS, FL 34453

**DO NOT WRITE IN THIS SPACE**



03202007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
59-3323667      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

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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  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR GURNANI, JAYA P.T. 3787 EAST GULF TO LAKE HIGHWAY INVERNESS, FL 34453
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04/04/07-ECDC7-023 150.00

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:** \_\_\_\_\_ **3/23/07** **352-341-1101**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #