FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000059884

1. Corporation Name

GULF COAST THERAPY OF SARASOTA, INC.

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90003 039 ***150.00



									
Principal Place of Business Mailing Address									
5827 SHADYBR			-	327 SHADYBROOK WAY					
SARASOTA FL 34236			S	SARASOTA FL 34236				DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualifed	
								07/10/1997	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For	
21			26	26				65-0766373 Not Applicable	
Suite, Apt. #, etc.			1	Suite, Apt. #, etc.				\$8.75 Additional	
22 ,				27				5. Certificate of Status Desired Fee Required	
City & Stat	e			City & State	_			6. Election Campaign Financing \$5.00 May Be	
23			28	<u> </u>				Trust Fund Contribution Added to Fees	
Zip		Country	<u> </u>	Zip	_	untry		8. This corporation owes the current year Intangible	
24]		25	29		30	- ₁		Personal Property Tax. Yes No	
·	9. Name	and Address of Curren	t Regi	stered Agent	_	81	Name	10. Name and Address of New Registered Agent	
LEVA	N IEDOM	: 6 E6U				6'	mame		
LEVIN, JEROME S ESQ 1680 FRUITVILLE ROAD SUITE 102						82	Street Ad	Street Address (P.O. Box Number is Not Acceptable)	
	ASOTA FL					83			
OAIT	AUU IA I E	07200				63		<u></u>	
						84	City	85 Zip Code	
						<u> </u>		FL	
office or r	registered ag	ent or both in the State (ot Hior	ida. Such chande was a	IUINONZE	ea by	the corpora	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar wi	th, and accept the obligat	ions o	f, Section 607.0505, Flo	rida Sta	tutes	•		
SIGNATURE				- 4 1				actived when reinstating) DATE	
12.	Signature, typed	or printed name of registered agen OFFICERS AN		· · · · · · · · · · · · · · · · · · ·	: Register		nt signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	OT TOERS AR	<u> </u>	DELETE		TITLE		☐ Change ☐ Addition	
NAME	COHEN.	MICHAFI		_		NAME	1		
STREET ADDRESS		ADYBROOK WAY					ADDRESS	,	
CITY-ST-ZIP		TA FL 34236				CITY-S			
TITLE	D	IN TE OTEGO		. DELETE		TITLE		☐ Change ☐ Addition	
NAME	COHEN,	II FNF			2.2	NAME			
STREET ADDRESS		ADYBROOK WAY			2.3	STREET	TADORESS		
CITY-ST-ZIP		TA FL 34236				CITY-S	1		
TITLE				☐ DELETE		TITLE	-	Change Addition	
NAME					3.2	NAME			
STREET ADDRESS					3.3	STREE	TADORESS		
CITY-\$T-ZIP	1				3.4.	CITY-S	T-ZIP	<u>.</u>	
TITLE				☐ DELETE	_	TITLE	1	☐ Change ☐ Addition	
NAME		•			4. 2	NAME			
STREET ADDRESS					4.3	STREE	TADORESS		
CITY-ST-ZIP]					CITY-S	I .		
TITLE	Ì	***************************************		☐ DELETE	5.1	ПLE		☐ Change ☐ Addition	
NAME					5.2	NAME			
STREET ADDRESS	1				5.3	STREE	TADDRESS		
CITY-ST-ZIP	-				5.4	CITY-S	T-ZIP		
TITLÉ		.,		☐ DELETE	6.1	TITLE		☐ Change ☐ Addition	
NAME					6.2	NAME	ŀ		
	1								

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if chapged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP