2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000045694

FILED Jan 03, 2008 Secretary of State

Entity Name: GULFCOAST PHYSICAL THERAPY & PERFORMANCE CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 3568 CLARK RD SARASOTA, FL 34231 **Current Mailing Address: New Mailing Address:** 3568 CLARK RD SARASOTA, FL 34231 FEI Number: 65-0921273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GULF COAST & PHYS. THERAPY - PERFORM. CTR. 3568 CLARK RD SARASOTA, FL 34231 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition WICKS, KEVIN D WICKS, KEVIN D Name: Name: 8506 SANDY OAKS LN. 1721 OLD SUMMERWOOD BLVD. Address: Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: SARASOTA, FL 34232 () Delete Title: MR. Title: () Change () Addition GILBERTI, THOMAS A JR. Name: Name: 4124 VIA MIRADA Address: Address: SARASOTA, FL 34238 City-St-Zip: 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: THOMAS GILBERTI, JR. MR. 01/03/2008