

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000045694

**FILED**  
**Jan 22, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

3568 CLARK RD  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

3568 CLARK RD  
SARASOTA, FL 34231

**New Mailing Address:**

**FEI Number:** 65-0921273

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GULF COAST & PHYS. THERAPY - PERFORM. CTR.  
3568 CLARK RD  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

GULFCOAST & 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: KEVIN WICKS

01/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WICKS, KEVIN D  
Address: 1721 OLD SUMMERWOOD BLVD.  
City-St-Zip: SARASOTA, FL 34232

Title: VP  
Name: GILBERTI, THOMAS A JR.  
Address: 4124 VIA MIRADA  
City-St-Zip: SARASOTA, FL 34238

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: KEVIN WICKS

P

01/22/2011

Electronic Signature of Signing Officer or Director

Date