


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000103191

1. Entity Name
GULF COAST CHIROPRACTIC AND PHYSICAL THERAPY CENTER, P.A.



Principal Place of Business _____ Mailing Address _____
2426 BEE RIDGE ROAD #C SARASOTA, FL 34239 **8378 SHADOW PINE WAY SARASOTA, FL 34239**

DO NOT WRITE IN THIS SPACE



01232005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0967116** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**CHAPNICK, BRUCE P
 ICARD, MERRILL, CULLIS, ET. AL.
 2033 MAIN STREET - SUITE 600
 SARASOTA, FL 34237**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS KOSHES, JOSEPH J JR 2426 BEE RIDGE ROAD, SUITE C SARASOTA, FL 34239
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12. I 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 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: *Joseph J. Koshes* 01/24/2005 941-927-7463

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #