


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000103191	
1. Entity Name GULF COAST CHIROPRACTIC AND PHYSICAL THERAPY CENTER, P.A.	

Principal Place of Business 2426 BEE RIDGE ROAD #C SARASOTA, FL 34239	Mailing Address 8378 SHADOW PINE WAY SARASOTA, FL 34239
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01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0967116	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ 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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000409520
02/08/06-80101-024 150.00

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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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph J. Koshes President

01/25/2006 941-927-7463

Date

Daytime Phone #