

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000103191

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

2426 BEE RIDGE ROAD #C  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

8378 SHADOW PINE WAY  
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number:** 65-0967116

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: PVTs  
Name: KOSHES, JOSEPH J JR  
Address: 2426 BEE RIDGE ROAD, SUITE C  
City-St-Zip: SARASOTA, FL 34239

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: JOSEPH KOSHES

PRES

02/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date