

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000103191

FILED
Feb 06, 2012
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

02/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date