SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # V24263

(8)

	COAST TH	IERAPY ASSOC	CIATES,	P.A.										
Principal Place of Business Mailing Address														
2495-A CARING WAY PORT CHARLOTTE FL 33952 US  2495-A CARING WAY PORT CHARLOTTE F US						952			3. Date Incorporated or Qua		3a. Date of Last Report			
2. Principal Pl	ace of Rusing	ace	1 20	. Mailing Addre	000			~	03/26/1992 4. FEI Number		04/17			
21	ace o. Bosine	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26	. Maning Adding	U35				65-0323657				pplied at And	i For olicable
Suite, Apt.	#, etc			Suite, Apt. #,	etc	· · · · · · · · · · · · · · · · · · ·				••		8.75		
22			27						Certificate of Status Desir	ed 💢		Fee R	equire	d
City & State	)			City & State					6. Election Campaign Finance	cing		\$5.00		
Zip		Country	28	Zip		Cour	ntrv		Trust Fund Contribution	L.—	iblo tov	Added		
24	1	25	29	- 17		30			This corporation has trabit  Florida Statules	rty for intang Yes			199.0	032,
	9. Name a	and Address of Cur		itered Agent					10. Name and Address of N	ew Register	ed Age	nt		
BEI	NOCK, THE	RESA C.					81	Name				·		
		DROUGH ROAD					82	Street Addr	ress (P.O. Box Number is Not Acceptable)					
PT.	CHARLOTT	TE FL 33983				}	83							
						į								
						[	84	City			FL	<b>5</b> Zip	Code	
11. Pursuant t	to the provision	ons of Sections 607 (	0502 and 6	07.1508, Florida	a Statute	s the abo	ove√na	amed corp	oration submits this statement for	the nuroos	of cha	ng ng it:	reg-s	tered
ortice or re	egistered ago	int, or both, in the St h. and accept the ob	ate of Florid	da Such chang	ie was au	ılhorizedi.	by the	e corporation	on's board of directors. Thereby a	accept the a	ppointe	ent as r	egište	red
•			•											
SIGNATURE														
	Signature types o	rprotect rane of requested			(NOTE			signature requir	red when relistating)	DA.				
12.		rpreted rane of teal select OFFICERS		CIORS		13.	l Agent s	signature requir	red when renstating): ADDITIONS/CHANGES TO					
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name. Certary that the concentration mulcicated on this annual report or supplemental annual 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 617, Florida Statutos, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR