

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K69030

**FILED
Mar 15, 2013
Secretary of State
CC0702537021**

Entity Name: GULF COAST PHYSICAL THERAPY, INC.

Current Principal Place of Business:

18132 NASSAU PT DR
TAMPA, FL 33647

Current Mailing Address:

18132 NASSAU PT DR
TAMPA, FL 33647 US

FEI Number: 59-2934191

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONSETTE, GHISLAIN
18132 NASSAU PT DR
TAMPA, FL 33647 US

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

Officer/Director Detail :

Title P
Name GONSETTE, GHISLAIN
Address 18132 NASSAU PT DR
City-State-Zip: TAMPA FL 33647

Title VP
Name GONSETTE, LETICIA
Address 18132 NASSAU PT DR
City-State-Zip: TAMPA FL 33647

Title ST
Name BRYANT, GLORIA
Address 5050 NW 37 PL
City-State-Zip: CHIEFLAND FL 32626

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: GIL GONSETTE

PRESIDENT

03/15/2013

Electronic Signature of Signing Officer/Director Detail

Date