

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000053390

**Entity Name:** FIRST COAST THERAPY GROUP, INC.

**Current Principal Place of Business:**

6 FAIRFIELD BLVD  
SUITE 12 RM 6  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

830 A1A NORTH  
SUITE 13 335  
PONTE VEDRA BEACH, FL 32082 US

**FEI Number:** 59-3649618

**Certificate of Status Desired:** No

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

WADELTON, B. LYNN PHD  
5000 SAWGRASS VILLAGE CIRCLE  
SUITE 9  
PONTE VEDRA BEACH, FL 32082 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 DP  
Name WADELTON, B. LYNN PHD  
Address 5000 SAWGRASS VILLAGE CIRCLE  
SUITE 9  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title V  
Name WADELTON, CHRISTOPHER M  
Address 5000 SAWGRASS VILLAGE CIRCLE  
SUITE 9  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*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:** B. LYNN WADELTON

DP

03/26/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date