

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000091066

**Entity Name:** PALM COAST PHYSICAL THERAPY, INC.

**Current Principal Place of Business:**

3425 10TH ST NORTH  
SUITE 4  
NAPLES, FL 34103

**Current Mailing Address:**

3425 10TH ST. NORTH  
SUITE 4  
NAPLES, FL 34103 US

**FEI Number:** 20-5185694

**Certificate of Status Desired:** No

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

CRISWELL, LORI  
3425 10TH ST NORTH  
SUITE 4  
NAPLES, FL 34103 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 DR.  
Name CRISWELL, LORI P  
Address 3425 10TH ST NORTH  
SUITE 4  
City-State-Zip: NAPLES FL 34103

*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:** LORI CRISWELL

**PRESIDENT**

**01/24/2023**

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

\_\_\_\_\_ Date