

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000091066

Entity Name: PALM COAST PHYSICAL THERAPY, INC.

Current Principal Place of Business:

1056 GOODLETTE RD. SUITE 100
NAPLES, FL 34102

Current Mailing Address:

1056 GOODLETTE RD. SUITE 100
NAPLES, FL 34102

FEI Number: 20-5185694

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRISWELL, LORI
1056 GOODLETTE ROAD N.
100
NAPLES, FL 34102 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 CRISWELL, LORI
Address 1056 GOODLETTE ROAD SUITE 100
City-State-Zip: NAPLES FL 34102

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 P. CRISWELL

PRESIDENT

03/13/2015

Electronic Signature of Signing Officer/Director Detail

Date