

**2013 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 CRISWELL

**PRESIDENT**

**02/16/2013**

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

\_\_\_\_\_  
Date