

2019 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 P
Name CRISWELL, LORI
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 P CRISWELL

PRESIDENT

02/11/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date