

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000082409

**Entity Name:** WEST COAST EAR, NOSE & THROAT, INC.

**Current Principal Place of Business:**

1330 S FT HARRISON  
CLEARWATER, FL 33756

**Current Mailing Address:**

1330 S FT HARRISON  
CLEARWATER, FL 33756

**FEI Number: 59-3341738**

**Certificate of Status Desired: No**

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

MULLER, CHRISTOPHER MD  
3190 MC MULLEN BOOTH RD  
STE 100  
CLEARWATER, FL 33761 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:** CHRISTOPHER MULLER MD

03/15/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name MILLER, MITCHELL  
Address 1330 S FT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR  
Name MORGAN, JONATHAN M DR.  
Address 1330 S FT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR  
Name MULLER, CHRISTOPHER D  
Address 1330 S FT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR  
Name HOOD, DAVID  
Address 1330 S FT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR  
Name MERCHANT, FAISAL DR.  
Address 1330 S FT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR  
Name MALLON, ANDREW DR.  
Address 1330 S FT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR  
Name GREENE, SCOTT  
Address 1330 S FORT HARRISON AVE  
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR  
Name CLAVENNA, MATTHEW DR.  
Address 1330 S FT HARRISON  
City-State-Zip: CLEARWATER FL 33756

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*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:** ANDREW MALLON

MANAGING PARTNER

03/15/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           MANAGER  
Name           DONNELLY, KEVIN  
Address        1330 S FT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title           MANAGER  
Name           RESCHLY, WILLIAM  
Address        1330 S FT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title           MANAGER  
Name           PARASHER, SHRUTHI  
Address        1330 S FT HARRISON  
City-State-Zip: CLEARWATER FL 33756