

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90066 042 ***150.00

DOCUMENT # P03000112905

1. Entity Name
MICHAEL ANDREW CROUNSE, MD, PA.



Principal Place of Business
~~4301 CREIGHTON RD APT 158~~
PENSACOLA, FL 32504
5925 Reynosa Road

Mailing Address
~~4301 CREIGHTON RD APT 158~~
PENSACOLA, FL 32504
5925 Reynosa Road

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04212005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0277287

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CROUNSE, MICHAEL A
~~4301 CREIGHTON RD APT 158~~ **5925 Reynosa Road**
PENSACOLA, FL 32504

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	CROUNSE, MICHAEL A
STREET ADDRESS	4301 CREIGHTON RD APT 158 5925 Reynosa Road
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V.P. / SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ETHELGENE NIMS CROUNSE, LPN, CRT
STREET ADDRESS	5925 REYNOSA ROAD
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: MICHAEL ANDREW CROUNSE, MD.
Michael Andrew Crouse, MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2005 850-477-1715
Date Daytime Phone #