

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000112905

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



Principal Place of Business  
5925 REYNOSA RD  
PENSACOLA, FL 32504

Mailing Address  
5925 REYNOSA RD  
PENSACOLA, FL 32504

**DO NOT WRITE IN THIS SPACE**

**FILED  
Mar 15, 2006 8:00 am  
Secretary of State**

03-15-2006 90118 027 \*\*\*150.00

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01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0277287	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROUNSE, MICHAEL A  
5925 REYNOSA RD  
PENSACOLA, FL 32504

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 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  
NAME CROUNSE, MICHAEL A  
STREET ADDRESS 5925 REYNOSA RD  
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE VS ETHEL GENE  
NAME CROUNSE, ETHEL LPN ORT  
STREET ADDRESS 5925 REYNOSA RD  
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Crouse, M.D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*michael ANDREW CROUNSE, M.D.*

01/20/06

Date

850-477-1715

Daytime Phone #