

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000089863 (2)			
1. Corporation Name FLORIDA EAR, NOSE & THROAT SPECIALISTS, P.A.			
Principal Place of Business 106 N. Kings Rd. Suite D Ormond Beach, FL 32174		Mailing Address 331 N. Maitland Ave. Suite D-10 Maitland, FL 32751	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/15/94	3a. Date of Last Report 4/30/96
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-328023C	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing ☐	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent John H. Krouse, M.D. 106 N. Kings Rd., Suite D Ormond Beach, FL 32174		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE (Type, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME John H. Krouse, M.D. STREET ADDRESS 106 N. Kings Rd., Ste D CITY, ST, ZIP Ormond Beach, FL 32174	☐ DELETE	11 TITLE ☐ Change ☐ Addition	
TITLE VP NAME Michael A. Munier, M.D. STREET ADDRESS 106 N. Kings Rd., Ste D CITY, ST, ZIP Ormond Beach, FL 32174	☐ DELETE	21 TITLE ☐ Change ☐ Addition	
TITLE VP NAME Dewey A. Christmas, Jr., M.D. STREET ADDRESS 106 N. Kings Rd., Ste D CITY, ST, ZIP Ormond Beach, FL 32174	☐ DELETE	31 TITLE ☐ Change ☐ Addition	
TITLE S/T NAME Joseph R. Mirante, M.D. STREET ADDRESS 106 N. Kings Rd., Ste D CITY, ST, ZIP Ormond Beach, FL 32174	☐ DELETE	41 TITLE ☐ Change ☐ Addition	
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