

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

FILED

May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

106 N. KINGS RD.  
SUITE D  
ORMOND BEACH FL 32174

331 N. MAITLAND AVE.  
STE. D-10  
MAITLAND FL 32751



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1994

4. FEI Number

59-3280236

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 none

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 623 N. Grandview

Suite, Apt. #, etc.

27 City & State

28 Daytona Beach FL

Zip

29 32118

Country

30

9. Name and Address of Current Registered Agent

KROUSE, JOHN H MD  
106 N. KINGS RD., SUITE D  
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name PHELAN, RAYMOND A.

82 Street Address (P.O. Box Number is Not Acceptable)

623 N. Grandview Ave.

83

84 City

Daytona Beach

FL

85 Zip Code

32118

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

Raymond A. Phelan

RAYMOND A. PHELAN

4-25-98

Signature, typed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

P  
KROUSE, JOHN H MD.  
106 N. KINGS RD., STE D  
ORMOND BEACH FL 32174

TITLE NAME ☒ DELETE

S  
MUNIER, MICHAEL A MD  
106 N. KINGS RD. STE D  
ORMOND BEACH FL 32174

TITLE NAME ☒ DELETE

Y  
CHRISTMAS, DEWEY A JR. MD  
106 N. KINGS RD. STE D  
ORMOND BEACH FL 32174

TITLE NAME ☒ DELETE

ST  
MIRANTE, JOSEPH R M.D.  
106 N. KINGS RD. STE D  
ORMOND BEACH FL 32174

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☒ Change ☐ Addition

P D  
KROUSE JOHN H.  
77 W. Granada Blvd, Ste C  
Ormond Beach, FL 32174

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☒ Change ☐ Addition

D  
CHRISTMAS, DEWEY A, JR.  
1360 Mason Ave.  
Daytona Beach, FL 32117

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Signature: [Signature] Date: 4-25-98

CR2E034 (10/97)