

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State

06-10-2004 90002 020 ***150.00

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1. Entity Name
 COASTAL EAR, NOSE AND THROAT, P.A.



Principal Place of Business 1050 W. GRANDA BLVD. SUITE 4 ORMOND BEACH, FL 32174 US	Mailing Address 1050 W. GRANDA BLVD. SUITE 4 ORMOND BEACH, FL 32174 US
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DO NOT WRITE IN THIS SPACE

04092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3457199	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUNIER, MICHAEL A
 1050 W. GRANDA BLVD.
 ORMOND BEACH, FL 32174

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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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MUNIER, MICHAEL A
STREET ADDRESS	45 SHADOW CREEK WAY
CITY - ST - ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	MIRANTE, JOSEPH P
STREET ADDRESS	202 RIVERSIDE DR.
CITY - ST - ZIP	ORMOND BEACH, FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 (30) 677-8048
 Date Day:mg Phone #