

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000063358

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** COASTAL EAR, NOSE AND THROAT, P.A.

**Current Principal Place of Business:**

1050 W. GRANADA BLVD.  
SUITE 4  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

1050 W. GRANADA BLVD.  
SUITE 4  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

**FEI Number:** 59-3457199      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CROTTY, KATHLEEN L  
1825 BUSINESS PARK BLVD.  
SUITE A  
DAYTONA BEACH, FL 32114 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MUNIER, MICHAEL A  
Address: 45 SHADOW CREEK WAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D  
Name: MIRANTE, JOSEPH P  
Address: 202 RIVERSIDE DR.  
City-St-Zip: ORMOND BEACH, FL 32176

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL A. MUNIER

D

04/27/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date