

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

FILED

Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000107350 (5)**

1. Corporation Name

JOHN H. KROUSE, M.D., P.A.

Principal Place of Business

**106 N. KINGS RD., SUITE B
ORMOND BEACH FL 32174**

Mailing Address

**106 N. KINGS RD., SUITE B
ORMOND BEACH FL 32174**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/22/1997	
21 77 W. Granada Blvd.	26 P.O. Box 4178	4. FEI Number 59-3482550		Applied For <input type="checkbox"/> Not Applicable	
22 Suite C	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Ormond Beach Fl	28 Ormond Beach, Fl	6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 32174	25	7. This corporation owes or has paid the current year Intangible		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
29 32175	30				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KROUSE, JOHN H 106 N. KINGS RD., SUITE B ORMOND BEACH FL 32174		81 Name KROUSE, JOHN H	
		82 Street Address (P.O. Box Number is Not Acceptable) 77 W. Granada Blvd. Ste C	
		83	
		84 City Ormond Beach	
		85 Zip Code FL 32174	

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

[Signature]

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROUSE, JOHN H	1.2 NAME	KROUSE, JOHN H
STREET ADDRESS	106 N. KINGS RD., SUITE D	1.3 STREET ADDRESS	77 W. GRANADA BLVD. STE C
CITY-ST-ZIP	ORMOND BEACH FL 32174	1.4 CITY-ST-ZIP	ORMOND BEACH, FL. 32174
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]

4-7-98 914-672-1400

CR2E034 (10/97)