

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90007 004 ***150.00

DOCUMENT # P97000107350

1. Entity Name

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

Principal Place of Business

77 W GRANADA BLVD
STE C
ORMOND BEACH FL 32174
US

Mailing Address

P O BOX 4178
ORMOND BEACH FL 32175
US

2. Principal Place of Business

1398 Dunlawton Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite D

City & State
Port Orange, Fl.

City & State

4. FEI Number 59-3482550

Applied For

Not Applicable

Zip
32127

Country

US

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KROUSE, JOHN H
77 W GRANADA BLVD STE C
ORMOND BEACH FL 32174

Name

KROUSE, M.D. JOHN H.

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

1398 Dunlawton Ave

Suite D.

City

Port Orange

FL

Zip Code
32127

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME KROUSE, JOHN H
STREET ADDRESS 77 W GRANADA BLVD STE C
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☒ Change ☐ Addition
NAME Krouse, M.D. John H.
STREET ADDRESS 1398 Dunlawton Ave. Ste D
CITY-ST-ZIP Port Orange, Fl. 32127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 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 11 or Block 12 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

Date

Daytime Phone #

4-6-01 386-756-5000

CR2E034 (10/00)