

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

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthang Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S96399** (8)
1. Corporation Name
EAR, NOSE & THROAT ASSOCIATES OF CENTRAL FLORIDA
, P.A.

Principal Place of Business 106 N. KINGS RD. 77 W. Granada STE. D Ste. C ORMOND BEACH FL 32174 US	Mailing Address 106 N. KINGS RD. 77 W. Granada STE. D Ste. C ORMOND BEACH FL 32174 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 77 W. Granada Blvd Suite, Apt. #, etc. C 22 C City & State Ormond Beach FL Zip 32174 Country USA		2a. Mailing Address 26 77 W. Granada Blvd. Suite, Apt. #, etc. C 27 C City & State Ormond Beach, FL Zip 32174 Country USA		3. Date Incorporated or Qualified 11/25/1991	
4. FEI Number 59-3094384		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

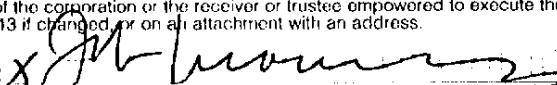
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME KRAUSE, JOHN H Krouse, John H.				1.2 NAME JohnH. Krouse, M.D			
STREET ADDRESS 106 N. KINGS RD., STE. D 77 W. Granada				1.3 STREET ADDRESS 77 W. Granada Blvd Ste C			
CITY-ST-ZIP ORMOND BEACH FL 32174 Ste. C.				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 MUNIER, MICHAEL				2.2 NAME			
STREET ADDRESS 1050 W. GRANADA BLVD.				2.3 STREET ADDRESS			
CITY-ST-ZIP ORMOND BEACH FL 32174				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: 

3/5/98

CR2E034 (10/97)