

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000063358

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-3457199**

**Certificate of Status Desired: No**

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

CROTTY, KATHLEEN L  
1540 CORNERSTONE BLVD.,STE.230  
DAYTONA BEACH, FL 32117 US

*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

**Officer/Director Detail :**

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

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

Title CEO  
Name CRAVEN, JAMES M  
Address 6655 MERRY VALE LANE  
City-State-Zip: PORT ORANGE FL 32128

Title V  
Name TUCKER, ANTHONY T  
Address 1939 S. CENTER AVE.  
City-State-Zip: FLAGLER BEACH FL 32136

*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 MUNIER**

**PRESIDENT**

**04/21/2016**

Electronic Signature of Signing Officer/Director Detail

Date