

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H57456

FILED
Apr 18, 2005
Secretary of State

Entity Name: PANHANDLE ANESTHESIOLOGISTS, INC.

Current Principal Place of Business:

PANHANDLE ANESTHESIOLOGISTS, INC
801 EAST 6TH ST., STE 205A
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

PANHANDLE ANESTHESIOLOGISTS, INC
801 EAST 6TH ST., STE 205A
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-2539772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRIAN K. KRADEL
801 EAST 6TH ST., STE 205A
PANAMA CITY, FL 32401 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KRADEL, BRIAN K MD
Address: 801 E 6TH ST SUITE 205A
City-St-Zip: PANAMA CITY, FL 32401

Title: VP () Delete
Name: GANDY, STEVEN E MD
Address: 801 E 6TH ST SUITE 205A
City-St-Zip: PANAMA CITY, FL 32401

Title: ST () Delete
Name: DALY, JOHN W DO
Address: 801 EAST 6TH STREET SUITE 205A
City-St-Zip: PANAMA CITY, FL 32401

Title: TR () Delete
Name: MANISCALCO, JOE M MD
Address: 801 E 6TH STREET, SUITE 205A
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BRIAN K. KRADEL, MD

PRES

04/18/2005

Electronic Signature of Signing Officer or Director

_____ Date