

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90195 049 \*\*\*158.75

**DOCUMENT # H57456**

1. Entity Name

PANHANDLE ANESTHESIOLOGISTS, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-2539772

Applied For

Not Applicable

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

Name

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

City

**FL**

Zip Code

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KRADEL, BRIAN K MD	
STREET ADDRESS	801 E 6TH ST SUITE 205A	
CITY - ST - ZIP	PANAMA CITY, FL 32401	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GANDY, STEVEN E MD	
STREET ADDRESS	801 E 6TH ST SUITE 205A	
CITY - ST - ZIP	PANAMA CITY, FL 32401	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DALY, JOHN W DO	
STREET ADDRESS	801 EAST 6TH STREET SUITE 205A	
CITY - ST - ZIP	PANAMA CITY, FL 32401	
TITLE	TR	<input type="checkbox"/> Delete
NAME	MANISCALCO, JOE M MD	
STREET ADDRESS	801 E 6TH STREET, SUITE 205A	
CITY - ST - ZIP	PANAMA CITY, FL 32401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SECRETARY (S)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN J. ROAKE, M.D.	
STREET ADDRESS	801 E. 6th ST., SUITE 205A	
CITY - ST - ZIP	PANAMA CITY, FL 32401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

BRIAN K. KRADEL, MD 4/25/08 850-785-3185

Date

Daytime Phone #