2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# H57456

Entity Name: PANHANDLE ANESTHESIOLOGISTS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PANHANDLE ANESTHESTSIOLOGISTS, 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:

KRADEL, BRIAN K MD
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:	S	( ) Delete
Name:	ROAKE, BRIAN J MD	
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 exemption stated 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 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 P 04/13/2009

Electronic Signature of Signing Officer or Director — Date