

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000125688

1. Entity Name
**SOUTHERN BAY ANESTHESIA & PAIN MANAGEMENT,
P.A.**



Principal Place of Business
**206 BUNKERS COVE ROAD
PANAMA CITY, FL 32401 US**

Mailing Address
**206 BUNKERS COVE ROAD
PANAMA CITY, FL 32401 US**



01152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1555816	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARE, DIANE C
2589 JENKS AVENUE
PANAMA CITY, FL 32405**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	SPENCER, ROGER
STREET ADDRESS	206 BUNKERS COVE ROAD
CITY-ST-ZIP	PANAMA CITY, FL 32401

TITLE	
NAME	
STREET ADDRESS	
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02/06/06-80007-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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 REPRESENTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-06 850-784-8878
Date Daytime Phone #