

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000000080 (9)

1. Corporation Name

NORTH FLORIDA ANESTHESIA GROUP, P.A.

Principal Place of Business

217 E 23RD ST
SUITE E
PANAMA CITY FL 32405

Mailing Address

217 E 23RD ST
SUITE E
PANAMA CITY FL 32405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1994

4. FEI Number

59-3213094

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

REISS, CHRISTINE L
304 MAGNOLIA AVE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name

DIANE C. HARE CPA

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

3003 S. Hwy 77 Ste A

83

84 City

Lynn Haven

FL

85 Zip Code

32444

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Diane C. Hare, CPA

03-02-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ELZAWAHRY, JOAN MD	
STREET ADDRESS	217 E 23RD ST SUITE E	
CITY-ST-ZIP	PANAMA CITY FL 32405	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WEIGLE, SAMUEL C MD	
STREET ADDRESS	320 S BONITA	
CITY-ST-ZIP	PANAMA CITY FL 32401	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SPENCER, ROGER MD	
STREET ADDRESS	206 BUNKERS COVE RD	
CITY-ST-ZIP	PANAMA CITY FL 32401	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HASEK, MARTIN MD	
STREET ADDRESS	PO BOX 27357 N/A	
CITY-ST-ZIP	PANAMA CITY FL 32411	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	3 WINGGLBERG, Keith MD
5.4 CITY-ST-ZIP	229 S. COVE TERRACE Panama City, FL 32401

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/98

850-964-7937

Date Daytime Phone # 00000000

CR2E034 (10/97)