

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000000080

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

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90043 008 ***150.00



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 ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HAMM, CAROL A
217 E. 23RD STREET
SUITE F
PANAMA CITY FL 32405

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

83 Sk A

84 City Lynn Haven

85 Zip Code FL 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 Carol A. Hamm

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26-99

12. OFFICERS AND DIRECTORS

TITLE D
NAME ELZAWAHRY, JOAN MD
STREET ADDRESS 217 E 23RD ST SUITE E
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE D
NAME WEIGLE, SAMUEL C MD
STREET ADDRESS 320 S BONITA
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE D
NAME SPENCER, ROGER MD
STREET ADDRESS 206 BUNKERS COVE RD
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE D
NAME HASEK, MARTIN MD
STREET ADDRESS PO BOX 27357 N/A
CITY-ST-ZIP PANAMA CITY FL 32411

TITLE D
NAME ZWINGELBERG, KEITH MD
STREET ADDRESS 229 S COVE TERR
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-99

Date

850-769-7937

Daytime Phone #

CR2EN34 (11/98)