

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000000080

1. Entity Name

NORTH FLORIDA ANESTHESIA GROUP, P.A.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90017 039 ***150.00

Principal Place of Business

Mailing Address

217 E 23RD ST
SUITE E
PANAMA CITY FL 32405

217 E 23RD ST
SUITE E
PANAMA CITY FL 32405-4556

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3213094

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

HARE, DIANE C CPA
3003 S. HWY 77
STE A
LYNN HAVEN FL 32444

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	ELZAWAHRY, JOAN MD	217 E 23RD ST, SUITE E PANAMA CITY FL 32405	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	WEIGLE, SAMUEL C MD	320 S BONITA PANAMA CITY FL 32401	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	SPENCER, ROGER MD	206 BUNKERS COVE RD PANAMA CITY FL 32401	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	HASEK, MARTIN MD	PO BOX 27357 N/A PANAMA CITY FL 32411	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	ZWINGELBERG, KEITH MD	229 S COVE TERR PANAMA CITY FL 32401	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00
Date

850-769-7937
Daytime Phone #

CF 1014 (9/99)