

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000000080

1. Entity Name

NORTH FLORIDA ANESTHESIA GROUP, P.A.

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90303 001 \*\*\*158.75

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

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**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

*error signed in wrong block see 13 & ss*

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, 2001 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	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	D	<input type="checkbox"/> Delete
NAME	ZWINGELBERG, KEITH MD	
STREET ADDRESS	229 S COVE TERR	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger Spencer

02/28/01

850 769 7937

Date

Daytime Phone #

CR2E034 (10/00)