

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90078 035 \*\*\*158.75

**DOCUMENT # P94000000080**

1. Entity 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**

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, 2002 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** ☐ Delete  
 NAME **ELZAWAHRY, JOAN MD**  
 STREET ADDRESS **217 E 23RD ST SUITE E**  
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **President** ☒ Change ☐ Addition  
 NAME **Elzawahry, Joan MD**  
 STREET ADDRESS **217 E 23rd St, Suite E**  
 CITY-ST-ZIP **Panama City, FL 32405**

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition  
 NAME **Frank Jones**  
 STREET ADDRESS **1213 Savannah Dr.**  
 CITY-ST-ZIP **Panama City, FL 32405**

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/02**

Date

**850 769 7937**

Daytime Phone #

CR2E034 (9/01)