


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90041 014 ***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 2101 NORTHSIDE DR	3. Mailing Address 2101 NORTHSIDE DR
Suite, Apt. #, etc. #502	Suite, Apt. #, etc. SUITE # 502
City & State PANAMA CITY FL	City & State PANAMA CITY FL
Zip 32405-3687	Zip 32405-3687
Country BAH	Country BAH



01192004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3213094	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

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 Diane C. Hare CPA Street Address (P.O. Box Number is Not Acceptable) 2589 Jenks Avenue City Panama City FL Zip Code 32405	

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELZAWAHRY, JOAN MD		NAME	
STREET ADDRESS 217 E 23RD ST SUITE E		STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY, FL 32405		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEIGLE, SAMUEL C MD		NAME	
STREET ADDRESS 320 S BONITA		STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY, FL 32401		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPENCER, ROGER MD		NAME	
STREET ADDRESS 206 BUNKERS COVE RD		STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY, FL 32401		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HASEK, MARTIN MD		NAME	
STREET ADDRESS PO BOX 27357 N/A		STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY, FL 32411		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZWINGELBERG, KEITH MD		NAME	
STREET ADDRESS 229 S COVE TERR		STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY, FL 32401		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, FRANK		NAME	
STREET ADDRESS 1213 SAVANNAH DR		STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY, FL 32405		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
---	--

SIGNATURE: 	Date 4/5/2004	Daytime Phone # 850-769-6006
--	----------------------	-------------------------------------