

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90093 036 ***158.75

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1. Entity Name
NORTH FLORIDA ANESTHESIA GROUP, P.A.



Principal Place of Business
2101 NORTHSIDE DR.
#502
PANAMA CITY, FL 32405-3687

Mailing Address
2101 NORTHSIDE DR.
#502
PANAMA CITY, FL 32405-3687

50011261



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242005

Chg-P

CR2E034 (10/03)

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
2589 JENKS AVE.
PANAMA CITY, FL 32405

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE D ☐ Delete
NAME JONES, FRANK
STREET ADDRESS 1213 SAVANNAH DR.
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Elzawahry, Joan M.D.
STREET ADDRESS 2202 State Ave. Ste. 201
CITY-ST-ZIP Panama City, FL 32405

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SC WEIGLE
DIRECTOR

850 215 6324