

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000000080

FILED  
Apr 29, 2006  
Secretary of State

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

## Current Principal Place of Business:

2101 NORTHSIDE DR.  
#502  
PANAMA CITY, FL 324053687

## New Principal Place of Business:

320 SOUTH BONITA AVE  
PANAMA CITY, FL 32401

## Current Mailing Address:

2101 NORTHSIDE DR.  
#502  
PANAMA CITY, FL 324053687

## New Mailing Address:

P.O. BOX 189  
PANAMA CITY, FL 32402

FEI Number: 59-3213094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HARE, DIANE C CPA  
2589 JENKS AVE.  
PANAMA CITY, FL 32405 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ELZAWAHRY, JOAN MD  
Address: 2202 STATE AVE. STE 201  
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete  
Name: WEIGLE, SAMUEL C MD  
Address: 320 S BONITA  
City-St-Zip: PANAMA CITY, FL 32401

Title: P ( ) Delete  
Name: SPENCER, ROGER MD  
Address: 206 BUNKERS COVE RD  
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete  
Name: JONES, FRANK  
Address: 1213 SAVANNAH DR.  
City-St-Zip: PANAMA CITY, FL 32405

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL C. WEIGLE, M.D.

D

04/29/2006

Electronic Signature of Signing Officer or Director

Date